

[Attorney Name/Law Firm]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Employer Name]

[Employer Address]

[City, State, Zip Code]

Re: Notice of Representation and Claim for Workers' Compensation Benefits

Claimant: [Injured Employee Name]

Date of Injury: [Date]

Location of Injury: [Address/Description of Site]

To [Employer Name/Owner Name]:

Please be advised that this law firm has been retained to represent [Injured Employee Name] regarding the workplace injuries sustained on the date referenced above during the course and scope of employment with your company.

Our records indicate that you may not have maintained the required workers' compensation insurance coverage on the date of this injury. Under state law, an employer is strictly liable for medical expenses and lost wages resulting from workplace injuries, regardless of insurance status. Failure to carry insurance may also subject you to additional penalties, liquidated damages, and civil litigation.

Immediate Requirements:

- Direct all future communication regarding this matter to my office. Do not contact my client directly.
- Provide the name of your workers' compensation carrier and policy number if coverage was indeed in effect.
- Preserve all evidence related to this incident, including video footage, witness statements, and payroll records.

If you have a defense counsel or an insurance broker, please forward this letter to them immediately. We intend to file a formal claim with the [State Workers' Compensation Board/Commission] and, if applicable, the Uninsured Employers' Fund.

We look forward to your prompt response or a response from your legal representative within [Number] days.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]