

[Date]

[Insured Name]

[Attention Name/Department]

[Address Line 1]

[City, State, Zip Code]

Subject: Welcome to [Insurance Company Name] - Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your Workers' Compensation insurance needs. We are pleased to welcome you as a valued policyholder. Our goal is to provide your business with reliable protection and to support your employees in the event of a workplace injury.

Enclosed you will find your insurance policy documents, which include:

- Policy Declarations Page
- Information Page
- Posting Notices (Required to be displayed in the workplace)
- Claims Reporting Instructions

Claims Reporting:

In the event of a workplace injury, please report the claim immediately. You can report claims 24/7 via [Phone Number] or through our website at [Website URL].

Audit Requirements:

Please be aware that Workers' Compensation policies are subject to an annual premium audit. We recommend keeping accurate records of your payroll and subcontractor documentation throughout the policy term.

Safety Services:

As a policyholder, you have access to our loss control and safety resources to help minimize workplace hazards. Please visit [Resource Link] for more information.

If you have any questions regarding your coverage, please contact your agent, [Agent Name], at [Agent Phone/Email], or reach our customer service team at [Company Phone Number].

We look forward to working with you.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]