[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Important Information Regarding Your Workers Compensation Policy

Policy Number: [Policy Number]
Effective Date: [Effective Date]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your Workers Compensation coverage. We are pleased to inform you that your insurance policy is now available for electronic viewing and download.

Electronic Policy Delivery
In an effort to provide faster service and reduce paper waste, your policy documents have been delivered to your secure online portal. You will not receive a paper copy of the policy by mail unless specifically requested.

How to Access Your Policy and Portal
To view your policy, manage your account, or print certificates of insurance, please follow these steps:

- Go to our website: [Portal URL]
- Click on "Register" or "First Time User" (if you have not yet created an account).
- Enter your Policy Number: [Policy Number] and your Zip Code.
- Create your unique username and password.

Benefits of Portal Access
Through the online portal, you can:

- Download and print your full Workers Compensation Policy.
- Access Posting Notices and required state workplace posters.
- Report a new claim online.
- Make payments and view billing history.
- Submit payroll reports for audits.

If you prefer to receive a hard copy of your policy via mail, or if you have any difficulty accessing the portal, please contact our Customer Service Department at [Phone Number] or email us at [Email Address].

We appreciate your business and look forward to serving your insurance needs.

Sincerely,

[Sender Name/Department Name]
[Insurance Company Name]