

[Date]

[Insured Name]

[Attention: Contact Person]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Workers Compensation Policy Delivery**

**Policy Number:** [Policy Number]

**Policy Period:** [Start Date] to [End Date]

Dear [Name of Contact],

Thank you for choosing [Insurance Agency/Company Name] for your Workers Compensation insurance needs. We are pleased to provide you with your new insurance policy documents.

Please review the enclosed policy carefully to ensure that all information, including your business description, locations, and estimated payroll, is accurate. It is important to keep these documents in a safe place for your records.

**Enclosed in this package, you will find:**

- Policy Declaration Page
- Information Page and Coverage Forms
- Mandatory State Postings and Notices
- Claims Reporting Instructions and Forms

**Required Actions:**

Please ensure that the enclosed "Notice to Employees" poster is displayed in a conspicuous location at each of your work sites as required by state law.

If you need to report a workplace injury, please follow the instructions provided in the claims kit. Prompt reporting is essential for the effective management of claims and ensures your injured employees receive timely medical care.

If you have any questions regarding your coverage or need to make changes to your policy, please contact us at [Phone Number] or [Email Address].

We appreciate your business and look forward to working with you.

Sincerely,

[Sender Name]  
[Title]  
[Company Name]