

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

Subject: Workers Compensation Policy Issuance and Compliance Notification

Dear [Policyholder Name],

We are pleased to inform you that your Workers Compensation insurance policy has been issued. Please find your policy details below:

- **Insurance Carrier:** [Carrier Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

Compliance Requirements:

To ensure your business remains in compliance with state labor laws and insurance regulations, please take the following actions:

1. **Post the Compliance Notice:** You are required by law to display the "Notice to Employees" poster in a conspicuous location at each job site or office where it can be easily read by all employees.
2. **Review the Information Page:** Verify that all business locations, estimated payrolls, and officer exclusions (if applicable) are accurately listed on your policy documents.
3. **Record Keeping:** Maintain accurate payroll records and subcontractor certificates of insurance, as these will be required for your annual premium audit.
4. **Injury Reporting:** In the event of a workplace injury, you must report the claim immediately using the contact information provided in your policy packet.

Enclosed you will find your Certificate of Insurance and the required workplace posters. Please review your policy documents thoroughly to understand your coverage limits and obligations.

If you have any questions regarding your coverage or compliance requirements, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Representative Name]

[Your Title]

[Agency/Company Name]