

Date: [Date]

To: [Insured Name]
[Policyholder Address]
[City, State, Zip Code]

Re: Workers Compensation Insurance Policy Delivery
Policy Number: [Policy Number]
Policy Period: [Effective Date] to [Expiration Date]

Dear [Insured Contact Name],

Thank you for choosing [Insurance Company Name] for your Workers Compensation coverage. We are pleased to provide you with your electronic policy documents.

Please find the following documents attached to this email or available via the link provided below:

- Workers Compensation Insurance Policy
- Information Page / Declarations Page
- Posting Notice (Required to be displayed in the workplace)
- Claims Reporting Instructions

Important Action Items:

1. Review your policy carefully to ensure all locations, payroll estimates, and classifications are correct.
2. Print and post the "Posting Notice" in a conspicuous location where your employees can easily view it.
3. Familiarize yourself with our claims reporting procedures to ensure prompt handling in the event of a workplace injury.

To access your policy documents online, please visit our portal at: [Link to Portal]

If you have any questions regarding your coverage or notice any errors in the documents, please contact your agent, [Agent Name], at [Agent Phone Number/Email] or our customer service department at [Phone Number].

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

Sincerely,

[Sender Name]
[Title]
[Insurance Company/Agency Name]