

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip]

RE: Delivery of Revised Workers' Compensation Policy

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

Dear [Contact Name],

Please find enclosed your revised Workers' Compensation insurance policy documents. This revision has been issued to reflect the recent changes discussed regarding your coverage.

The following modifications have been made to your policy:

- [List change, e.g., Updated payroll estimates]
- [List change, e.g., Addition/Removal of class codes]
- [List change, e.g., Change in experience modifier]
- [List change, e.g., Updated mailing address]

We recommend that you review these documents carefully to ensure all information is accurate. Please replace your previous policy documents with this revised version for your records.

If you have any questions regarding these changes or require further assistance, please contact our office at [Phone Number] or via email at [Email Address].

Thank you for choosing [Agency/Company Name] for your insurance needs.

Sincerely,

[Sender Name]

[Title]

[Agency Name]