

[Date]

[Recipient Name]

[Company Name]

[Address Line 1]

[Address Line 2]

Subject: Delivery of Workers' Compensation Insurance Binder and Posting Notice

Dear [Recipient Name],

Enclosed please find the Workers' Compensation Insurance Binder for the policy period beginning [Start Date]. This document serves as temporary evidence of your insurance coverage until the formal policy is issued by the carrier.

Also included is the mandatory Posting Notice (Notice to Employees). Please ensure this notice is printed and displayed in a conspicuous location where it can be easily read by all employees, such as a breakroom, cafeteria, or near a time clock.

Next Steps:

- Review the binder for accuracy regarding entity names and locations.
- Post the enclosed notice immediately to remain in compliance with state regulations.
- Retain the binder in your administrative files.

We will forward the full policy documents to you as soon as they are received from the underwriter. If you have any questions regarding your coverage or these documents, please contact our office at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Agency/Company Name]