

[Date]

[Client Name]

[Client Company Name]

[Address]

[City, State, Zip]

RE: Workers Compensation Policy Delivery

Policy Number: [Policy Number]

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

Dear [Client Contact Name],

Thank you for choosing [Agency/Company Name] for your commercial insurance needs. We are pleased to provide you with your Workers Compensation insurance policy for the upcoming term.

Enclosed you will find the following documents:

- Complete Insurance Policy
- Certificate of Insurance
- Required State Workplace Posters
- Claims Reporting Instructions

Please review the policy documents carefully to ensure all information, including your legal entity name and payroll estimates, is accurate. It is important to display the enclosed workplace posters in a common area accessible to all employees as required by law.

As a reminder, Workers Compensation policies are subject to a final premium audit at the end of the policy term. Please maintain accurate payroll records to ensure a smooth audit process.

If you have any questions regarding your coverage or need to report a change in your business operations, please contact me directly at [Phone Number] or [Email Address].

We appreciate your business and look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]