

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Re: Workers Compensation Policy Number: [Policy Number]

Dear [Contact Name],

Enclosed is your Workers Compensation insurance policy for the period of [Effective Date] to [Expiration Date]. Please review the documents carefully and keep them in a safe place.

During our review, we noted that several required forms were not signed. To ensure your coverage remains in compliance with state regulations, please sign and return the following documents:

- [Form Name/Number 1]
- [Form Name/Number 2]
- [Form Name/Number 3]

Please return the signed forms by [Due Date] using the enclosed prepaid envelope or by scanning and emailing them to [Email Address].

If you have any questions regarding your policy or the attached forms, please contact your agent or our customer service department at [Phone Number].

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

Sincerely,

[Sender Name]

[Title]

[Company Name]