[Date]

[Policyholder Name]
[Company Name]
[Street Address]
[City, State, Zip Code]

RE: Workers Compensation Policy Delivery - Paid in Full

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

Dear [Policyholder Name],

Enclosed please find the original documents for your Workers Compensation insurance policy for the upcoming term. We are pleased to confirm that this policy has been **Paid in Full**.

Please review the policy declarations and endorsements carefully to ensure all information is accurate. We recommend that you keep these documents in a secure location for your records. Additionally, please ensure that the "Notice to Employees" poster included in this packet is displayed in a conspicuous location at your workplace as required by law.

To finalize our records, please sign and return the "Acknowledgment of Receipt" section below. You may return a scanned copy via email to [Email Address] or mail it to our office.

Thank you for choosing [Insurance Agency/Company Name] for your insurance needs. If you have any questions regarding your coverage, please contact us at [Phone Number].

Sincerely,

[Agent Name/Signature]
[Title]

Acknowledgment of Receipt

I, [Authorized Representative Name], hereby acknowledge that I have received the Workers Compensation policy [Policy Number] and confirm that the premium has been paid in full.

Signature: _____

Date: _____