

Date: [Insert Date]

To:

[Recipient Name/Company Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Verification of Workers' Compensation Coverage

To Whom It May Concern,

This letter serves to verify the Workers' Compensation insurance coverage for [**Artisan Name/Business Name**], operating as an independent contractor.

Policy Information:

- **Insurance Carrier:** [Insert Insurance Company Name]
- **Policy Number:** [Insert Policy Number]
- **Effective Date:** [Insert Start Date]
- **Expiration Date:** [Insert End Date]
- **Coverage Limits:** [Insert Statutory Limits or Dollar Amount]

The aforementioned policy is currently active and covers all operations performed by the contractor. We confirm that the policy meets the legal requirements for the state of [Insert State].

If you require a formal Certificate of Insurance (COI) or have additional questions regarding this coverage, please contact our office at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Agency/Company Name]