

[Date]

[Contractor Name]

[Business Name]

[Address]

[City, State, Zip Code]

Re: Acknowledgment of Workers' Compensation Claim

Dear [Contractor Name],

This letter is to formally acknowledge receipt of your Workers' Compensation claim regarding the injury/illness reported on [Date of Incident].

Your claim has been assigned the following reference number: **[Claim Number]**. Please include this number on all future correspondence related to this matter.

We are currently reviewing the documentation provided. As an independent artisan contractor, we may require additional information to verify the scope of work and the circumstances of the incident. This may include:

- Signed independent contractor agreements
- Proof of your own liability insurance (if applicable)
- Detailed medical reports from the treating physician
- A witness statement or project supervisor report

Our claims adjuster, [Adjuster Name], will contact you within [Number] business days to discuss the next steps of the evaluation process. If you have any immediate questions, you may reach them at [Phone Number] or [Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name/Signature]

[Title]

[Company Name]