

# Request for Workers' Compensation Insurance Contact Information

Date: [Insert Date]

To Whom It May Concern,

I am writing to request the contact information for the workers' compensation insurance provider for [Company Name]. We require this information for [brief reason for request, e.g., filing a claim, verifying coverage, etc.].

Details of the Company:

- Company Name: [Insert Company Name]
- Address: [Insert Company Address]
- Contact Person: [Insert Name, if known]

It would be greatly appreciated if you could provide the following details:

- Name of the Insurance Provider
- Contact Person's Name
- Phone Number
- Email Address
- Policy Number

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Your Company Name]