

Workers' Compensation Insurance Documentation Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Position]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to request documentation related to the workers' compensation insurance coverage for our records. As part of our compliance and safety protocols, we require the following information:

- Certificate of Insurance
- Policy Number
- Effective Dates of Coverage
- Name of Insurer
- Contact Information for the Insurance Provider

Please provide this documentation by [Insert Deadline Date] to ensure continued compliance with federal and state regulations.

Thank you for your cooperation. If you have any questions, feel free to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, ZIP Code]