

Workers' Compensation Insurance Policy Clarification

Date: [Insert date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Clarification on Workers' Compensation Insurance Policy Number [Insert Policy Number]

Dear [Recipient Name],

I am writing to seek clarification regarding our current workers' compensation insurance policy (Policy Number: [Insert Policy Number]) with [Insurance Company Name].

Specifically, I would like to understand the following aspects:

- Coverage details for [specific situations or roles].
- Exclusions that may apply to our policy.
- Premium adjustments and renewal conditions.
- Claims process and required documentation.

Having a clear understanding of these points is crucial for our business operations and ensuring employee safety.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]