

Employer's Liability Acceptance Confirmation

Date: [Insert Date]

To: [Recipient Name]

Company: [Recipient Company Name]

Email: [Recipient Email Address]

Dear [Recipient Name],

This email is to confirm receipt and acceptance of the Employer's Liability Insurance coverage, as per the terms and details outlined in your request.

Policy Details:

Policy Number: [Insert Policy Number]

Effective Date: [Insert Start Date]

Expiration Date: [Insert End Date]

Coverage Limit: [Insert Coverage Limit]

Please note that this confirmation serves as an acknowledgment of coverage under the Employer's Liability policy. All terms and conditions as specified in the policy document will apply.

If you have any questions or require further assistance, please do not hesitate to contact us.

Best regards,

[Sender Name]

[Sender Position]

[Company Name]

[Contact Information]

Important Notes:

- This confirmation is not a substitute for the official insurance policy document.
- Always verify the policy details and contact information carefully.
- Retain this email for your records and future reference.
- Inform your insurer immediately about any changes in employment or risk exposure.