

[Employer's Name]
[Employer's Address Line 1]
[Employer's Address Line 2]
[City, State, ZIP Code]
[Date]

[Employee's Name]
[Employee's Address Line 1]
[Employee's Address Line 2]
[City, State, ZIP Code]

Provisional Employer's Liability Acceptance Letter

Dear [Employee's Name],

We acknowledge receipt of your notification regarding the incident that occurred on [Date of Incident], reported on [Date Reported]. Please be informed that we are granting provisional acceptance of liability for the claim relating to the incident described, pending further investigation.

This provisional acceptance is made on the basis of the information provided to date. It does not constitute a final admission of liability. We reserve the right to review and reassess our position if new facts arise or additional documentation is submitted.

Kindly cooperate with any further requests for information or documentation as we continue to process your claim.

Should you have any questions, please contact our office at [Contact Information].

Yours sincerely,

[Authorized Person's Name]
[Position/Title]
[Employer's Organization Name]

Important Notes

- This is a provisional acceptance only and not a final determination of liability.
- Further investigation may affect the outcome of the claim.
- All relevant supporting documentation should be provided promptly.
- Keep a copy of this letter for your records.
- Contact your employer's HR or insurance office for updates or clarification.