**Broker of Record**

Hi XXX,

As we discussed attached are the transfer request forms to move your current XXX policy from XXX to XXX/E-COMP.

In order for us to request the change we need the following:

1. Broker of Record Letter - Complete with your policy information and have an owner sign. The effective date of the letter should be the pay period start date of your first payroll with XXX or todays date if it already passed.
2. Broker of Record Application and EFT Authorization (***Note: Your bank account information will be requested in separate secure email after the policy has been transferred.***)- Please complete & have an owner sign

Once you have these documents completed you can either e-mail or mwoneis@goecomp.com or fax to 888-738-9097.

Thank you again for your interest in our E-COMP program with XXX. As a reminder, benefits of the program include:

* + No Large Deposit or Down Payment
	+ Premiums calculated on actual payroll, not estimates
	+ No checks to write and minimization of audit paperwork & adjustments

If you have any questions, please do not hesitate to contact me. I look forward to working with you.

**Closing File Due to No Response**

***Dear XXX,***

*Thank you for your interest in our E-COMP Workers Compensation program with XXX. Because we have not received the requested additional information to provide you with a quote, we are closing our file.*

*Please contact our office at 888-493-2667 should you have any questions or concerns.  Thank you for giving us the opportunity to quote your insurance.*

**Closing Quote File Due to No Response**

Dear XXX,

Thank you for your interest in our E-COMP Workers Compensation program with XXX. Because the quote we provided you with has expired and we have not received the necessary documents to place your coverage, we are closing our file.

Please contact our office at 888-493-2667 should you have any questions or concerns.  Thank you for giving us the opportunity to quote your insurance and do not hesitate to contact us again in the future if we can be of any assistance.

**Decline Notice Due to Ops**

Hi XXX,

Thank you for giving us the opportunity to quote your workers’ comp. We were unable to secure a quote for your business.

A summary of our efforts is as follows:

Amtrust – prior submission/ineligible operations/loss history
C.N.A. Insurance - prior submission/ineligible operations/loss history

Employers – prior submission/ineligible operations/loss history

Guard – prior submission/ineligible operations/loss history

Hanover - prior submission/ineligible operations/loss history

Hartford – prior submission/ineligible operations/loss history

Markel - prior submission/ineligible operations/loss history

Travelers – prior submission/ineligible operations/loss history

If you have any questions, please do not hesitate to contact me. If you would like me to contact you next year to determine if your business qualifies for our program, please let me know.

**E-COMP Workers Comp. Solution for XXX**

Attached is your Workers Comp Insurance quote through xxx.

In order to bind coverage:

1.            [Click here to complete and have an owner of the company sign the application and EFT Authorization](https://goecomp.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhB3X4ejb_e62iWe3oowLeCgeTWd3VkicQ815EVVkWkZORKwSyoBNHDKzDXKusmbF8w*)
 ***Note: Your bank account information will be requested in separate secure email after the policy has been issued.***

2.            We highly recommend including officers in Workers’ Comp. coverage.I have attached several examples of the benefits of including owners in coverage.  If you do choose to exclude officers, please execute the following forms: (insert widget here)

*Florida LLC members are automatically included. To exclude you must go online at* [*FL Division of Workers' Compensation*](http://www.myfloridacfo.com/Division/wc/Employer/Exemptions/#.WDSwx7IrKos) *and apply for the exemption. This is the only way the carrier will except the exemption.*

*Massachusetts Corporate officers are automatically included.* If officers of the corporation wish to be excluded from coverage you will need to complete & sign the attached exclusion form and submit to the state for approval. Once they have approved the exclusion please forward the confirmation to me so that I can provide to the insurance carrier. The carrier is unable to exclude ANY corporate officers without this approval from the state.

3.            Please have an owner of the company sign the Workers Comp ACORD Application

Please click on the above links to complete the forms or you may also fax to my attention at:  888-738-9097 or email to mwoneis@goecomp.com.

Please let me know if you have any questions and I look forward to working with you.

**Exdate Coming up Req for Flyer**

Hi XXX,

Thank you for your interest in our E-COMP Workers Compensation program with XXX. I am contacting you per information I have in my files for your upcoming XX/XX/XX renewal. If you would be interested in receiving a quote please complete the attached information and return to me.

As a reminder some of the advantages of our program are

* + **No Large Deposit or Down Payment**
	+ **Premiums calculated on actual payroll, not estimates**
	+ **No checks to write and minimization of audit paperwork & adjustments**
	+ **Competitive rates, no hidden fees**

Should you have any questions or concerns please do not hesitate to contact me. I look forward to working with you.

**Exdate Intro Letter**

Dear XXX,

**Thank you for your interest in our exclusive E-COMP program, a fully integrated Workers’ Comp Insurance product with XXX.**

**I have received your information, and will start working on a quote for you in XXX. I will contact you at that time, obtain additional information if necessary and provide you with a quote.**

E-COMP Program Summary

* + No Large Deposit or Down Payment
	+ Premiums calculated on actual payroll, not estimates
	+ No checks to write and minimization of audit paperwork & adjustments
	+ Competitive rates, no hidden fees

Please let me know if you should have any questions and I look forward to working with you.

**Flyer to Client**

Hi XXX,

Thank you for your interest in our E-COMP program. XXX from XXX asked me to contact you with information about our program - Workers Comp fully integrated with payroll. Feel free to call or email me with any questions.

We think you are going to like this integrated product. It's purpose is to save you time and money. Unlike traditional Workers Comp policies, there is no large upfront deposit, payments are collected on actual payroll each pay period and there minimization of audit paperwork at the end of the year!

I would be happy to provide you with a quote, the information that I need is on the attached form. Please either email or fax it back to me at your convenience.

Please let me know if you have any questions and I look forward to working with you.

**Follow Up for Info to Quote**

Hi XXX,

I hope that you are doing well.

I am following up to see if you are still interested in receiving a quote for your Workers Comp Insurance in our Pay-As-You-Go program with XXX? If so the information we will need to quote is on the attached.

As a reminder some of the advantages of our program are no large up front deposits, payments calculated on actual payroll and minimized audit adjustments.

Please let me know if you have any questions.

**Follow Up on Quote Given**

Hi XXX,

I hope that your day is going well. I am following up in regards to the proposal I provided you with in our ECOMP pay as you go program with XXX.

As a reminder some of the advantages of our program are no upfront deposits, payments deducted on actual payroll and minimization of audit paperwork.

Please let me know if you have any questions or would like to move forward with coverage.

**New Payroll Partner Welcome – Cert Course**

I am pleased to have you as one of our preferred payroll partners in our E-COMP pay-as-you-go Workers Compensation program!

I will be quoting and placing the policies for the clients you refer to E-COMP.  If I am unavailable my associate, Andy Fazio, will be able to assist you with any questions you may have.

I have attached our E-COMP How-To Guide which has great information that you may find helpful in working with E-COMP.

If you haven’t already done so, please complete our Rep Certification Course.  This is required of all our reps before we can place an account for you.  It takes less than 10 minutes, and will give you a clear understanding of the opportunities we can be successful with together.



As our certification course mentions you can submit your leads in several different ways, including our lead referral form which is attached.  You can save this to your desktop for easy access and insert your logo at the top to customize. Once you complete the form press "Submit by Email" and the lead details will be sent to me.

Our website, [www.goecomp.com](http://www.goecomp.com), has this information and more! The password to view the resource section is ecomp123.

Feel free to contact me with any questions you may have about the program or referral process.

I look forward to working with you.

**Policy Issuance Confirmation- BofR Admin Fee Waived**

Hi XXX,

Thank you for placing your Workers' Compensation policy with the E-COMP Program in conjunction with your payroll company, XXX.

This e-mail confirms your current policy has been moved effective XX/XX/XXXX. The policy number has been changed to XXX. We will be processing the policy shortly and will email to you once available.

**The final step will be to complete your banking information so we can debit your account for pay-as-you-go billing.  You may have already received a previous notification to do this.  If not, please** [**click here**](https://secure.goecomp.com/report/dashboard.html) **to provide us with this information.   \*\***Please be aware the email address indicated on the application XXX will receive all EFT set up emails.**\*\***

Your Client Manager is Jesse Keast and he can be contacted at jkeast@goecomp.com or on his direct line at 925-249-2847.  All of your service requests will be completed by him.

Your Client Manager is Lisa Wheatley and she can be contacted at lwheatley@goecomp.com  or on her direct line at 925-249-2842.  All of your service requests will be completed by her.

We have a full service team in place for all your insurance needs.  You can also email service@goecomp.com for any and all service requests.  Click link to [**MEET TEAM GRANITE!**](http://t.sidekickopen05.com/e1t/c/5/f18dQhb0S7lC8dDMPbW2n0x6l2B9nMJW7t5XYg2zGqpMW1qgd6l4XXSfxW3LqWkM56dR8nf8k2XYj02?t=https%3A%2F%2Fwww.graniteins.com%2Fteam-granite&si=6228845781319680&pi=19a19456-dbed-4141-a233-cd4a11f10620)

For certificates of insurance, [click here](https://www.goecomp.com/coi-request).

For frequently asked billing questions, [click here.](https://www.goecomp.com/billing-faqs)

**Important Things to Know:**

* The billing rate includes the mandatory fees that your state and the federal government charge on all work comp policies. To avoid paying them up-front like all traditional policies require, we have pro-rated them, so you pay it over the policy period.
* There is normally an administration fee that will be assessed on your first premium debit. We have ***waived*** this fee for this policy term.
* Upon receipt of your first payroll, we will contact you to obtain your employee’s classifications if necessary.
* The policy is subject to a final audit at the end of the policy term.  In most cases, E-COMP will assist the carrier in completing the audit without any additional documentation from you.  Some carriers require a physical or phone audit, and will be contacting you directly to complete this.  Please remember to comply with this request if you are asked, otherwise your audit may be completed with estimated payroll. More information about audits can be found here: <https://www.goecomp.com/audit-faqs>

Please let me know if there’s anything additional I can assist you with.

Thank you,

**Policy Issuance Confirmation – BoR Admin Fee**

Hi XXX,

Thank you for placing your Workers' Compensation policy with the E-COMP Program in conjunction with your payroll company, XXX.

This e-mail confirms your current policy has been moved effective XX/XX/XXXX. The policy number has been changed to XXX. We will be processing the policy shortly and will email to you once available.

**The final step will be to complete your banking information so we can debit your account for pay-as-you-go billing.  You may have already received a previous notification to do this.  If not, please** [**click here**](https://secure.goecomp.com/report/dashboard.html) **to provide us with this information.   \*\***Please be aware the email address indicated on the application XXX will receive all EFT set up emails.**\*\***

Your Client Manager is Jesse Keast and he can be contacted at jkeast@goecomp.com or on his direct line at 925-249-2847.  All of your service requests will be completed by him.

Your Client Manager is Lisa Wheatley and she can be contacted at lwheatley@goecomp.com  or on her direct line at 925-249-2842.  All of your service requests will be completed by her.

We have a full service team in place for all your insurance needs.  You can also email service@goecomp.com for any and all service requests.  Click link to [**MEET TEAM GRANITE!**](http://t.sidekickopen05.com/e1t/c/5/f18dQhb0S7lC8dDMPbW2n0x6l2B9nMJW7t5XYg2zGqpMW1qgd6l4XXSfxW3LqWkM56dR8nf8k2XYj02?t=https%3A%2F%2Fwww.graniteins.com%2Fteam-granite&si=6228845781319680&pi=19a19456-dbed-4141-a233-cd4a11f10620)

For certificates of insurance, [click here](https://www.goecomp.com/coi-request).

For frequently asked billing questions, [click here.](https://www.goecomp.com/billing-faqs)

**Important Things to Know:**

* The billing rate includes the mandatory fees that your state and the federal government charge on all work comp policies. To avoid paying them up-front like all traditional policies require, we have pro-rated them, so you pay it over the policy period.
* There is a $$ administration fee that will be assessed on your first premium debit. This covers our EFT and billing costs and is paid one time every year.
* Upon receipt of your first payroll, we will contact you to obtain your employee’s classifications if necessary.
* The policy is subject to a final audit at the end of the policy term.  In most cases, E-COMP will assist the carrier in completing the audit without any additional documentation from you.  Some carriers require a physical or phone audit, and will be contacting you directly to complete this.  Please remember to comply with this request if you are asked, otherwise your audit may be completed with estimated payroll. More information about audits can be found here: <https://www.goecomp.com/audit-faqs>

Please let me know if there’s anything additional I can assist you with.

**Policy Issuance Confirmation - BofR Hartford - No Admin Fee**

Hi XXX,

Thank you for placing your Workers' Compensation policy with the E-COMP Program in conjunction with your payroll company, XXX.

This e-mail confirms your current policy has been moved effective XX/XX/XXXX. The policy number has been changed to XXX. We will be processing the policy shortly and will email to you once available.

**The final step will be to complete your banking information with Hartford so they can debit your account for pay-as-you-go billing.  You may have already received a previous notification to do this.**

**If not, please** [**click here**](https://www.xactpay.com/?page=LOGIN) **to** [**provide**](https://www.xactpay.com/?page=LOGIN) **them with this information.**

Your Client Manager is Jesse Keast and he can be contacted at jkeast@goecomp.com or on his direct line at 925-249-2847.  All of your service requests will be completed by him.

Your Client Manager is Lisa Wheatley and she can be contacted at lwheatley@goecomp.com  or on her direct line at 925-249-2842.  All of your service requests will be completed by her.

We have a full service team in place for all your insurance needs.  You can also email service@goecomp.com for any and all service requests.  Click link to [**MEET TEAM GRANITE!**](http://t.sidekickopen05.com/e1t/c/5/f18dQhb0S7lC8dDMPbW2n0x6l2B9nMJW7t5XYg2zGqpMW1qgd6l4XXSfxW3LqWkM56dR8nf8k2XYj02?t=https%3A%2F%2Fwww.graniteins.com%2Fteam-granite&si=6228845781319680&pi=19a19456-dbed-4141-a233-cd4a11f10620)

For certificates of insurance, [click here](https://www.goecomp.com/coi-request).

For frequently asked billing questions, [click here.](https://www.goecomp.com/billing-faqs)

**Important Things to Know:**

* The billing rate includes the mandatory fees that your state and the federal government charge on all work comp policies. To avoid paying them up-front like all traditional policies require, we have pro-rated them, so you pay it over the policy period.
* There is normally an administration fee that would be assessed on your first premium debit. We have ***waived*** this fee for this policy term.
* Upon receipt of your first payroll, we will contact you to obtain your employee’s classifications if necessary.
* The policy is subject to a final audit at the end of the policy term.  In most cases, E-COMP will assist the carrier in completing the audit without any additional documentation from you.  Some carriers require a physical or phone audit, and will be contacting you directly to complete this.  Please remember to comply with this request if you are asked, otherwise your audit may be completed with estimated payroll. More information about audits can be found here: <https://www.goecomp.com/audit-faqs>

Please let me know if there’s anything additional I can assist you with.

Welcome to E-COMP!

**Policy Issuance Confirmation - Liberty Mutual No Admin**

Hello XXX,

Welcome to E-COMP, A Division of Granite Insurance Brokers.  We are thrilled to have you as one of our clients and look forward to working with you.

This e-mail serves as confirmation of coverage for your workers’ compensation in conjunction with Liberty Mutual and Payroll Company effective XX/XX/XX.

The policy number is XXX.  We will be processing the policy shortly and will email to you once available.

**The final step will be to complete your registration with Liberty Mutual.  You may have already received a previous notification to do this.**

**\*\*Please know that when you are completing the registration you will need to indicate E-COMP as your payroll company.\*\***

Your Client Manager is Jesse Keast and he can be contacted at jkeast@goecomp.com or on his direct line at 925-249-2847.  All of your service requests will be completed by him.

Your Client Manager is Michele Dahl and she can be contacted at mdahl@goecomp.com or on her direct line at 925-249-2852.  All of your service requests will be completed by her.

Your Client Manager is Lisa Wheatley and she can be contacted at lwheatley@goecomp.com  or on her direct line at 925-249-2842.  All of your service requests will be completed by her.

We have a full service team in place for all your insurance needs.  You can also email policies@goecomp.com for any and all service requests.  Click link to [**MEET TEAM GRANITE!**](http://t.sidekickopen05.com/e1t/c/5/f18dQhb0S7lC8dDMPbW2n0x6l2B9nMJW7t5XYg2zGqpMW1qgd6l4XXSfxW3LqWkM56dR8nf8k2XYj02?t=https%3A%2F%2Fwww.graniteins.com%2Fteam-granite&si=6228845781319680&pi=19a19456-dbed-4141-a233-cd4a11f10620)

For certificates of insurance, [click here](https://www.goecomp.com/coi-request).

For frequently asked billing questions, [click here.](https://www.goecomp.com/billing-faqs)

**Important Things to Know:**

·     The billing rate includes the mandatory fees that your state and the federal government charge on all work comp policies. To avoid paying them up-front like all traditional policies require, we have pro-rated them, so you pay it over the policy period.

·     There is normally an administration fee that would be assessed with your first premium debit for this policy term.  We have *waived* the fee for this policy term.

·      Upon receipt of your first payroll, we will contact you to obtain your employee’s classifications if necessary.

·      The policy is subject to a final audit at the end of the policy term.  In most cases, E-COMP will assist the carrier in completing the audit without any additional documentation from you.  Some carriers require a physical or phone audit, and will be contacting you directly to complete this.  Please remember to comply with this request if you are asked, otherwise your audit may be completed with estimated payroll.  [Click here for more information.](https://www.goecomp.com/audit-faqs)

Please let me know if there’s anything additional I can assist you with.  Welcome to E-COMP!

**Policy Issuance Confirmation - New Business Admin Fee**

Hello XXX,

Welcome to E-COMP, A Division of Granite Insurance Brokers.  We are thrilled to have you as one of our clients and look forward to working with you.

This e-mail serves as confirmation of coverage for your workers’ compensation in conjunction with (list carrier here) and (list payroll company here) effective XX/XX/XX.

The policy number is XXX.  We will be processing the policy shortly and will email to you once available.

**The final step will be to complete your banking information so we can debit your account for pay-as-you-go billing.  You may have already received a previous notification to do this.**

**If not, please** [**click here**](https://secure.goecomp.com/report/dashboard.html) **to provide us with this information.   \*\***Please be aware the email address indicated on the application XXX will receive all EFT set up emails.**\*\***

Your Client Manager is Jesse Keast and he can be contacted at jkeast@goecomp.com or on his direct line at 925-249-2847.  All of your service requests will be completed by him.

Your Client Manager is Lisa Wheatley and she can be contacted at lwheatley@goecomp.com  or on her direct line at 925-249-2842.  All of your service requests will be completed by her.

We have a full service team in place for all your insurance needs.  You can also email service@goecomp.com for any and all service requests.  Click link to [**MEET TEAM GRANITE!**](http://t.sidekickopen05.com/e1t/c/5/f18dQhb0S7lC8dDMPbW2n0x6l2B9nMJW7t5XYg2zGqpMW1qgd6l4XXSfxW3LqWkM56dR8nf8k2XYj02?t=https%3A%2F%2Fwww.graniteins.com%2Fteam-granite&si=6228845781319680&pi=19a19456-dbed-4141-a233-cd4a11f10620)

For certificates of insurance, [click here](https://www.goecomp.com/coi-request).

For frequently asked billing questions, [click here.](https://www.goecomp.com/billing-faqs)

**Important Things to Know:**

·     The billing rate includes the mandatory fees that your state and the federal government charge on all work comp policies. To avoid paying them up-front like all traditional policies require, we have pro-rated them, so you pay it over the policy period.

·     There is a $XX administration fee that will be assessed with your first premium debit for this policy term.  This covers our EFT and billing costs and is paid one time every year.

·      Upon receipt of your first payroll, we will contact you to obtain your employee’s classifications if necessary.

·      The policy is subject to a final audit at the end of the policy term.  In most cases, E-COMP will assist the carrier in completing the audit without any additional documentation from you.  Some carriers require a physical or phone audit, and will be contacting you directly to complete this.  Please remember to comply with this request if you are asked, otherwise your audit may be completed with estimated payroll.  [Click here for more information.](https://www.goecomp.com/audit-faqs)

Please let me know if there’s anything additional I can assist you with.

Welcome to E-COMP!

**Policy Issuance Confirmation - New Business Hartford**

Hello XXX,

Welcome to E-COMP, A Division of Granite Insurance Brokers.  We are thrilled to have you as one of our clients and look forward to working with you.

This e-mail serves as confirmation of coverage for your workers’ compensation in conjunction with The Hartford and Payroll Company effective XX/XX/XX.

The policy number is XXX.  We will be processing the policy shortly and will email to you once available.

**The final step will be to complete your banking information with Hartford so they can debit your account for pay-as-you-go billing.  You may have already received a previous notification to do this.**

**If not, please** [**click here**](https://www.xactpay.com/?page=LOGIN) **to** [**provide**](http://www.xactpay.com/) **them with this information.**

Your Client Manager is Jesse Keast and he can be contacted at jkeast@goecomp.com or on his direct line at 925-249-2847.  All of your service requests will be completed by him.

Your Client Manager is Lisa Wheatley and she can be contacted at lwheatley@goecomp.com  or on her direct line at 925-249-2842.  All of your service requests will be completed by her.

We have a full service team in place for all your insurance needs.  You can also email service@goecomp.com for any and all service requests.  Click link to [**MEET TEAM GRANITE!**](http://t.sidekickopen05.com/e1t/c/5/f18dQhb0S7lC8dDMPbW2n0x6l2B9nMJW7t5XYg2zGqpMW1qgd6l4XXSfxW3LqWkM56dR8nf8k2XYj02?t=https%3A%2F%2Fwww.graniteins.com%2Fteam-granite&si=6228845781319680&pi=19a19456-dbed-4141-a233-cd4a11f10620)

For certificates of insurance, [click here](https://www.goecomp.com/coi-request).

For frequently asked billing questions, [click here.](https://www.goecomp.com/billing-faqs)

**Important Things to Know:**

·     The billing rate includes the mandatory fees that your state and the federal government charge on all work comp policies. To avoid paying them up-front like all traditional policies require, we have pro-rated them, so you pay it over the policy period.

·     There is normally an administration fee that would be assessed with your first premium debit for this policy term.  We have *waived* the fee for this policy term.

·      Upon receipt of your first payroll, we will contact you to obtain your employee’s classifications if necessary.

·      The policy is subject to a final audit at the end of the policy term.  In most cases, E-COMP will assist the carrier in completing the audit without any additional documentation from you.  Some carriers require a physical or phone audit, and will be contacting you directly to complete this.  Please remember to comply with this request if you are asked, otherwise your audit may be completed with estimated payroll.  [Click here for more information.](https://www.goecomp.com/audit-faqs)

Please let me know if there’s anything additional I can assist you with.

Welcome to E-COMP!

**Quote Given Template - Carrier Billing**

Hello xxx,

Thank you for your interest in E-COMP, the National Pay-As-You-Go workers' compensation program, in partnership with xxx.

Attached is your Workers Comp Insurance quote through xxx.

In order to bind coverage:

1.            [Click here to complete and have an owner of the company sign the application](https://goecomp.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhBAGBYJfpQqOyDH98dUJ1YxRkqUKyNSgGonQ6uCYi6dLY6nhsD62nmAkfk-MBF1sp8*)
 *Note: Your bank account information will be requested in separate secure email after the policy has been issued.*

2.            We highly recommend including officers in Workers’ Comp. coverage. I have attached several examples of the benefits of including owners in coverage.  If you do choose to exclude officers, please execute the following forms: [California LLC Waiver of Coverage Form](https://goecomp.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhBDx8bJVJGSZ2eQnE_j-2PuiZWw01EFQuX19omhYizRDRdeAYikszHSpc0p1eggv7w*)

*Florida LLC members are automatically included. To exclude you must go online at* [*FL Division of Workers' Compensation*](http://www.myfloridacfo.com/Division/wc/Employer/Exemptions/#.WDSwx7IrKos) *and apply for the exemption. This is the only way the carrier will except the exemption.*

*Massachusetts Corporate officers are automatically included.* If officers of the corporation wish to be excluded from coverage you will need to complete & sign the attached exclusion form and submit to the state for approval. Once they have approved the exclusion please forward the confirmation to me so that I can provide to the insurance carrier. The carrier is unable to exclude ANY corporate officers without this approval from the state.

3.            Please have an owner of the company sign the Workers Comp ACORD Application

Please click on the above links to complete the forms or you may also fax to my attention at:  888-738-9097 or email to mwoneis@goecomp.com.

Please let me know if you have any questions and I look forward to working with you.