

[Company Name]
[Street Address]
[City, State, Zip Code]
[Date]

[Insurance Carrier Name]
[Contact Person]
[Street Address]
[City, State, Zip Code]

Subject: Annual Workers' Compensation Policy Renewal - Policy #[Policy Number]

Dear [Contact Name],

This letter serves as a formal request to renew our Workers' Compensation insurance policy for the upcoming period of [Start Date] to [End Date].

To facilitate the renewal process, please find the updated company information below:

- **Estimated Annual Payroll:** \$[Amount]
- **Total Number of Employees:** [Number]
- **Description of Operations:** [Briefly describe business activities]
- **Updated Safety Protocols:** [Mention any new safety measures or "No changes"]

Please provide a formal quote for the premium for the new policy term, including any updates to the Experience Modifier (MOD) rating. If there are any additional forms or audits required to finalize this renewal, please let us know as soon as possible.

We look forward to receiving the renewal proposal by [Deadline Date] to ensure there is no lapse in coverage.

Sincerely,

[Your Name]
[Your Title]
[Phone Number]
[Email Address]