

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Policyholder Name],

We are writing to inform you that your Workers' Compensation insurance policy is scheduled for renewal on [Renewal Date].

Enclosed with this letter, you will find your renewal offer, including the updated premium calculation and policy documents for the upcoming term: [Start Date] to [End Date].

To ensure your coverage remains active and accurate, please review the following:

- **Payroll Estimates:** Verify that the estimated payroll for the new term reflects your current staffing levels.
- **Class Codes:** Confirm that the work descriptions for your employees are still correct.
- **Payment:** Please submit your initial premium payment by [Due Date] to avoid any lapse in coverage.

If there have been any significant changes to your business operations or if you have questions regarding your renewal rates, please contact your insurance agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name] for your Workers' Compensation needs.

Sincerely,

[Name/Department]

[Insurance Company Name]

[Contact Information]