

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

Re: Workers Compensation Policy Renewal - [Policy Number]

Dear [Contact Name],

Thank you for choosing [Insurance Agency/Company Name] for your business insurance needs. We are writing to inform you that your Workers Compensation policy is scheduled for renewal on [Expiration Date].

Enclosed you will find your renewal quote for the upcoming term: [Start Date] to [End Date].

Renewal Summary:

- **Annual Premium:** \$[Amount]
- **Estimated Annual Payroll:** \$[Amount]
- **Experience Modifier:** [Factor]

This renewal premium is based on the payroll estimates and class codes currently on file. If there have been significant changes to your operations, number of employees, or projected payroll, please contact us immediately to ensure your coverage and billing are accurate.

To accept this renewal and avoid any lapse in coverage, please [Action: e.g., sign the attached form / submit payment] by [Due Date].

If you have any questions regarding your coverage or would like to review your policy details, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]

[Title]

[Insurance Agency Name]