

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

RE: Annual Workers Compensation Policy Review - Policy #[Policy Number]

Dear [Policyholder Name],

As your insurance agency, we want to ensure your Workers Compensation coverage remains accurate and provides the best protection for your business. It is time for our annual policy update and review.

To ensure your premiums are calculated correctly and to avoid unexpected audit results, please review the following information and notify us of any changes:

- **Payroll Estimates:** Have there been significant increases or decreases in your projected annual payroll?
- **Staffing Changes:** Have you hired new employees, changed their job duties, or let staff go?
- **Subcontractors:** Have you hired any subcontractors? Please ensure you have collected current Certificates of Insurance from all vendors.
- **Business Operations:** Have you started any new types of work or expanded into different states?
- **Officer/Owner Status:** Do you wish to change the inclusion or exclusion status of any corporate officers or LLC members?

Please contact our office at [Phone Number] or reply to this email by [Date] to discuss these updates. If no changes are reported, your policy will renew based on the current information on file.

Thank you for your continued business.

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]

[Email Address]