

[Date]

[Client Name]

[Client Address]

[City, State, Zip]

RE: Workers Compensation Policy Renewal - [Policy Number]

Dear [Client Name],

Your Workers Compensation insurance policy with [Insurance Carrier] is scheduled to expire on [Expiration Date]. We value your business and would like to begin the renewal process to ensure your coverage remains seamless.

To provide you with an accurate renewal quote and ensure your business is properly protected, please review and provide the following updated information:

- Current estimated annual payroll for all employees.
- Current number of full-time and part-time employees.
- Any changes in your business operations or job duties.
- Current contact information and mailing address.

Please submit these details by [Due Date] so we can finalize your renewal terms. Once we receive this information, we will review your current plan and explore any additional discounts or credits you may be eligible for.

If you have any questions or would like to schedule a brief call to discuss your coverage, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing [Agency Name] for your insurance needs.

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]