

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: Notice of Upcoming Workers' Compensation Policy Renewal

Policy Number: [Policy Number]

Expiration Date: [Date]

Dear [Name of Contact],

This letter is to inform you that your Workers' Compensation insurance policy is scheduled for renewal on [Renewal Date]. To ensure continuous coverage and an accurate premium calculation, we require updated information regarding your business operations.

Please provide the following documentation by [Due Date]:

- Estimated annual payroll for the upcoming term (broken down by class code).
- Current number of full-time and part-time employees.
- Current contact information and business address.
- Description of any significant changes in business operations over the past year.

Once we receive this information, we will generate your renewal quote. If there are no changes to your operations, please confirm your current details so we may proceed with the renewal process.

Failure to provide updated payroll information may result in a renewal based on estimated figures, which could lead to adjustments during your next premium audit.

If you have any questions or would like to discuss your coverage options, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Company Name]

[Title]

[Phone Number]