

**URGENT: ACTION REQUIRED**

Date: [Insert Date]

To: [Company Name / Policyholder Name]

Attn: [Contact Person]

Policy Number: [Insert Policy Number]

**Subject: NOTICE OF WORKERS COMPENSATION POLICY RENEWAL**

Dear [Name],

Your Workers Compensation insurance policy is scheduled to expire on **[Expiration Date]**. To ensure there is no lapse in coverage and to maintain compliance with state regulations, immediate action is required to renew your policy.

To complete the renewal process, please provide the following information by [Deadline Date]:

- Estimated annual payroll for the upcoming term.
- Current employee headcount by classification code.
- Verification of any changes to business operations or locations.

Failure to renew by the expiration date may result in a gap in coverage, legal penalties, and potential financial liability for workplace injuries. Once we receive the requested information, we will issue your renewal quote and updated Certificate of Insurance.

Please submit your documentation via [Email Address/Portal Link] or contact us at [Phone Number] to discuss your renewal options.

Sincerely,

[Your Name/Agency Name]

[Contact Information]