

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

RE: Workers Compensation Insurance Renewal Notice

Policy Number: [Policy Number]

Renewal Date: [Renewal Date]

Dear [Policyholder Name],

This letter is to notify you that your Workers Compensation insurance policy is scheduled for annual renewal on **[Renewal Date]**. To ensure continuous coverage for your employees and compliance with state regulations, please review the information below.

Renewal Details:

- **Current Policy Period:** [Start Date] to [End Date]
- **Renewal Policy Period:** [Renewal Start Date] to [Renewal End Date]
- **Estimated Annual Premium:** [Amount]

Action Required:

Please review your payroll estimates and employee classifications for the upcoming year. If there have been significant changes to your business operations or staff size, please contact us by [Deadline Date] to adjust your premium calculations.

Payment Information:

To accept this renewal, please submit your payment of [Minimum Due Amount] by [Due Date]. Payments can be made via [Payment Methods, e.g., Online Portal, Check, or Phone].

Failure to renew your policy by the expiration date may result in a lapse of coverage and potential legal penalties.

If you have any questions or need to update your account information, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]

[Insurance Company Name]

[Department]