

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Workers Compensation Policy Audit and Annual Renewal Notice

Policy Number: [Policy Number]

Policy Period Ending: [Expiration Date]

Dear [Policyholder Name],

This letter is to notify you of the upcoming expiration of your Workers Compensation insurance policy and the required annual premium audit process.

1. Annual Premium Audit

As your current policy period concludes, we must perform a final premium audit to ensure your premiums accurately reflect your actual payroll and operations. Please prepare the following documents for the audit period of [Start Date] to [End Date]:

- Payroll journals and summaries
- Federal Tax Forms (941 or 944)
- State Unemployment Tax Reports
- Subcontractor records and Certificates of Insurance
- Detailed description of employee job duties

2. Policy Renewal Information

We are pleased to offer a renewal for the upcoming term. Based on your preliminary reports, your estimated premium for the new term ([Start Date] to [End Date]) is **[\$Amount]**.

To finalize your renewal and maintain continuous coverage, please complete the following steps by [Due Date]:

- Review the attached renewal quote for accuracy.
- Sign and return the renewal acceptance form.
- Submit the minimum deposit or full payment as indicated on the invoice.

Failure to complete the audit or submit renewal documents by the deadline may result in a non-compliance surcharge or a lapse in coverage.

If you have any questions regarding the audit process or your renewal terms, please contact your agent or our billing department at [Phone Number].

Sincerely,

[Sender Name]

[Title]

[Insurance Company/Agency Name]