

[Current Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Policyholder Name],

This letter is to inform you that your Workers Compensation insurance policy, number **[Policy Number]**, is scheduled to expire on **[Expiration Date]**.

To ensure continuous coverage for your employees and to maintain compliance with state regulations, it is important to renew your policy before the expiration date. A lapse in coverage may result in legal penalties and personal liability for workplace injuries.

**Renewal Details:**

- **New Policy Period:** [Start Date] to [End Date]
- **Estimated Annual Premium:** \$[Amount]
- **Payment Due Date:** [Date]

**Next Steps:**

Please review the enclosed renewal documents. To finalize your renewal, you must:

1. Confirm that your estimated payroll figures for the upcoming term are accurate.
2. Select your preferred payment plan.
3. Submit the required premium payment by the due date.

If there have been significant changes to your business operations or payroll, please contact our office at [Phone Number] or [Email Address] so we can adjust your quote accordingly.

Thank you for your continued business.

Sincerely,

[Your Name/Agent Name]

[Company Name]

[Contact Information]