

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: Notice of Workers Compensation Policy Renewal and Mandatory Questionnaire

Dear [Policyholder Name],

Your current Workers Compensation insurance policy is scheduled for renewal on **[Renewal Date]**. To ensure your coverage continues without interruption and that your premiums are calculated accurately, we require updated information regarding your business operations.

Please complete and return the attached questionnaire by **[Due Date]**. Failure to provide this information may result in a non-renewal notice or the application of estimated surcharges to your premium.

ANNUAL RENEWAL QUESTIONNAIRE

1. Estimated Annual Payroll for the upcoming term:

2. Current Number of Employees (Full-time & Part-time):

3. Have there been any changes to your business operations or services offered in the last 12 months?
Yes No

4. Do you use subcontractors? (If yes, please provide certificates of insurance):
Yes No

5. Provide a brief description of primary job duties for employees:

6. Contact information for the person handling the renewal:

Please return this form via email to **[Email Address]** or via mail to the address listed below.

Sincerely,

[Your Name/Agency Name]

[Phone Number]

[Mailing Address]