

## **FINAL NOTICE: POLICY EXPIRATION**

Date: [Insert Date]

To: [Policyholder Name]

Address: [Street Address]

City, State, Zip: [City, State, Zip]

Re: Workers Compensation Policy Number: [Policy Number]

Dear [Policyholder Name],

Our records indicate that your Workers Compensation insurance policy is scheduled to expire on **[Expiration Date]** at 12:01 AM.

This is your final notice. To date, we have not received a renewal request or the required premium payment to continue your coverage. Failure to renew will result in a lapse of coverage, which may lead to:

- Legal penalties and fines from state regulatory agencies.
- Personal liability for any workplace injuries occurring after the expiration date.
- Potential stop-work orders issued against your business.

To avoid a gap in coverage, please take one of the following actions immediately:

1. Pay your renewal invoice online at: [Insert Website URL]
2. Call our billing department at: [Insert Phone Number]
3. Contact your insurance agent: [Agent Name] at [Agent Phone Number]

If payment or renewal instructions have already been sent, please disregard this notice.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]