

URGENT: ACTION REQUIRED

Date: [Insert Date]

To: [Insert Contact Name / Human Resources Department]

From: [Insert Broker/Company Name]

Subject: Renewal Requirements for Employment Practices Liability Insurance (EPLI)

Dear [Insert Name],

Your Employment Practices Liability Insurance (EPLI) policy, [Insert Policy Number], is scheduled to expire on [Insert Expiration Date]. To ensure continuous coverage and receive a timely renewal quote, we require updated information regarding your current business operations.

Please complete and return the following items by [Insert Due Date]:

- **Signed Renewal Application:** Please review and update the attached application form.
- **Current Employee Count:** Provide a breakdown of full-time, part-time, seasonal, and terminated employees over the last 12 months.
- **Updated Employee Handbook:** Please provide a copy if significant changes have been made to your HR policies or procedures.
- **Claims History:** Details of any new or pending employment-related claims or incidents.

Failure to provide this information by the deadline may result in a lapse of coverage or increased premiums.

Please submit the completed documents via email to [Insert Email Address] or through our secure portal at [Insert Link].

If you have any questions regarding these requirements, please contact [Insert Name] at [Insert Phone Number].

Sincerely,

[Insert Signature Name]

[Insert Title]

[Insert Company Name]