

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Subject: Annual Review and Renewal of Employment Practices Liability Insurance (EPLI)

Dear [Policyholder Name/Contact Person],

Your Employment Practices Liability Insurance (EPLI) policy, number [Policy Number], is scheduled to expire on [Expiration Date]. We are writing to begin the annual review and renewal process to ensure your organization remains protected against claims arising from employment-related issues.

To facilitate a timely renewal and provide an accurate quote, please review the following steps:

- **Information Update:** Please complete the enclosed renewal application. It is vital to report any changes in your employee headcount, termination procedures, or updates to your employee handbook.
- **Claims History:** Provide details regarding any employment-related claims, incidents, or legal proceedings that have occurred during the current policy term.
- **Review of Limits:** We recommend evaluating your current coverage limits and deductibles to ensure they align with your business's current risk profile.

Please submit the completed application and any requested documentation by [Due Date] to avoid any lapse in coverage. Once we receive your information, we will review your file and provide you with a renewal proposal for the upcoming term.

If you have any questions or wish to discuss changes to your policy, please contact [Agent Name] at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name/Company Name]

[Title]

[Phone Number]