

## **FINAL DEMAND NOTICE**

Date: [Insert Date]

To: [Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: FINAL DEMAND FOR RENEWAL - Workers Compensation Policy #[Policy Number]**

Dear [Policyholder Name],

Our records indicate that your Workers Compensation insurance policy expired on [Expiration Date]. Despite previous notifications, we have not received your renewal application or the required premium payment.

### **This is a Final Demand.**

Operating without valid Workers Compensation insurance is a violation of state law. Failure to renew immediately may result in:

- Substantial legal fines and administrative penalties.
- Personal liability for all medical costs and lost wages if an employee is injured.
- Issuance of a Stop-Work Order by the state labor department.
- Permanent loss of coverage eligibility with this carrier.

To prevent further action, you must submit the following by [Deadline Date]:

1. The signed renewal application.
2. Full payment of the renewal premium in the amount of \$[Amount].
3. A signed "No Loss Statement" confirming no claims have occurred during the lapse period.

If we do not receive these items by the date specified above, your account will be closed, and notice of non-compliance will be forwarded to the State Workers Compensation Board.

Please contact your agent at [Phone Number] or [Email Address] immediately to process your renewal.

Sincerely,

[Sender Name]

[Title]

[Insurance Company/Agency Name]