

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

RE: FIRST WARNING NOTICE - EXPIRED WORKERS COMPENSATION POLICY

Policy Number: [Policy Number]

Expiration Date: [Date of Expiration]

Dear [Name of Contact],

Our records indicate that your Workers Compensation insurance policy expired on [Date of Expiration] and we have not received a renewal certificate or proof of new coverage.

Please be advised that maintaining active Workers Compensation insurance is a legal requirement. Failure to provide proof of current coverage may result in the following:

- State-mandated fines and legal penalties.
- Immediate suspension of business operations or contracts.
- Personal liability for workplace injury claims.

Action Required: Please provide a valid Certificate of Insurance (COI) within [Number] business days. You may send this documentation via email to [Email Address] or upload it to our portal at [Website Link].

If you have already renewed your policy or obtained coverage through another provider, please ignore this notice and send us the updated documentation immediately to update our files.

If you have questions regarding this notice, please contact our compliance department at [Phone Number].

Sincerely,

[Your Name/Department]

[Organization Name]