[Date]

[Policyholder Name]
[Company Name]
[Address]
[City, State, Zip Code]

Subject: RENEWAL REMINDER - Workers Compensation Policy #[Policy Number]

Dear [Policyholder Name],

This is a reminder that your Workers Compensation insurance policy is scheduled to expire on **[Expiration Date]**.

To ensure continuous coverage and avoid any lapse in protection for your employees, we need to begin the renewal process. Please review your current payroll information and employee counts to ensure your upcoming premium is calculated accurately.

Next Steps:

- Review your current policy details.
- Update us on any significant changes to your business operations or payroll.
- Complete and return the attached renewal application by [Due Date].

If you have any questions regarding your renewal or would like to discuss your coverage options, please contact your agent at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name/Department]
[Insurance Agency/Company Name]