[Date]

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

Re: Confirmation of Workers Compensation Policy Auto-Renewal

Dear [Policyholder Name],

This letter is to confirm that your Workers Compensation insurance policy has been automatically renewed for the upcoming period.

Policy Details:

- **Policy Number:** [Policy Number]
- **Renewal Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Estimated Annual Premium:** [Amount]

Your coverage continues without interruption. Please review the attached renewal documents for any updates to your premium rates or policy terms. If your payroll or business operations have changed significantly over the past year, please contact us to ensure your coverage limits remain accurate.

Your payment will be processed via your established billing method on [Payment Date].

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

Thank you for your continued business.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]