[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF WORKERS COMPENSATION INSURANCE

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

This letter is to formally notify you that [Insurance Company Name] will not be renewing your Workers Compensation insurance policy when it expires on [Expiration Date] at 12:01 A.M.

This decision has been made due to the following reason(s):

- High-risk nature of business operations.
- Unfavorable loss experience and claim frequency.
- Failure to implement recommended safety and loss control measures.

Your coverage will remain in effect until the expiration date listed above. To avoid a lapse in coverage, we strongly recommend that you contact your insurance agent or broker immediately to seek alternative coverage through another carrier or your state's assigned risk pool (Residual Market).

If you have any questions regarding this notice or believe any information used to make this decision is incorrect, please contact your agent or our underwriting department at [Phone Number].

Sincerely,

[Name of Underwriter/Authorized Representative]
[Insurance Company Name]

cc: [Agent/Broker Name]