DATE: [Current Date]

TO:
[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Policy Number: [Insert Policy Number]
Effective Date of Cancellation: [Insert Cancellation Date]

Dear [Policyholder Name],

This letter serves as formal notification that your Workers' Compensation insurance policy listed above is being cancelled due to non-payment of the required premium.

As of the date of this letter, our records indicate an outstanding balance of **$[Insert Amount Due]**. Despite previous notifications, we have not received the necessary payment to keep your coverage active.

Important Consequences of Cancellation:

- All coverage under this policy will cease at 12:01 A.M. on [Insert Cancellation Date].
- Any workplace injuries occurring after the cancellation date will not be covered by this policy.
- In most jurisdictions, maintaining Workers' Compensation insurance is a legal requirement for employers. Failure to do so may result in state-mandated fines, penalties, or stop-work orders.

How to Reinstate Coverage:

To avoid cancellation, we must receive the full payment of $[Insert Amount Due] no later than [Insert Deadline Date]. Please contact our billing department immediately at [Insert Phone Number] or visit our online portal at [Insert Website] to make a payment.

If payment has already been sent, please disregard this notice or contact us to confirm receipt.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Phone Number]

CC: [Broker Name/Agent Name]