

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF WORKERS COMPENSATION INSURANCE

Policy Number: [Policy Number]

Effective Date of Cancellation: [Date]

Dear [Policyholder Name],

This letter serves as formal notice that your Workers Compensation insurance policy listed above is being cancelled effective [Time] on [Date].

This action is being taken due to non-compliance with the audit requirements set forth in your policy contract. Specifically, you have failed to provide the necessary payroll records and documentation required for the audit period of [Audit Period Start Date] to [Audit Period End Date].

Despite our previous requests on [List Dates of Previous Requests], we have not received the required information. Cooperation with the audit process is a condition of your insurance coverage.

To prevent this cancellation, you must provide all requested audit documentation no later than [Deadline Date]. If the completed audit is received and verified before this date, we may issue a rescission of this notice.

Please note that if the policy is cancelled, a final premium will be calculated based on an estimated audit, which may result in additional billings or "Audit Non-Compliance" surcharges as permitted by state regulations.

Please contact the Audit Department immediately at [Phone Number] or [Email Address] to resolve this matter.

Sincerely,

[Name of Sender]

[Title]

[Insurance Company/Agency Name]

cc: [Producer/Agent Name]