[Date]

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

Re: Notice of Cancellation - Workers' Compensation Policy #[Policy Number]

Dear **[Policyholder Name]**,

This letter serves as formal notification that your Workers' Compensation insurance policy is being cancelled for the following reason: **Non-compliance with policy requirements.**

Specifically, you have failed to provide the following documentation or access necessary to maintain your coverage:

- [Insert missing requirement, e.g., Annual Audit Records]
- [Insert missing requirement, e.g., Payroll Reports]
- [Insert missing requirement, e.g., Safety Inspection Access]

Effective Date of Cancellation: [Date] at 12:01 A.M.

To prevent this cancellation from taking effect, you must provide the requested information and resolve the non-compliance issues no later than **[Deadline Date]**. If the requirements are met before this date, we will issue a rescission notice to keep your policy active.

Please be advised that maintaining Workers' Compensation insurance is a legal requirement. Failure to maintain coverage may result in state penalties, fines, and personal liability for workplace injuries.

If you have any questions or have already submitted the requested information, please contact your agent or our compliance department immediately at **[Phone Number]**.

Sincerely,

[Your Name/Company Name]
[Title]
[Contact Information]