

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of State-Mandated Premium Increase - Policy Number: [Policy Number]**

Dear Policyholder,

This letter serves as official notification regarding a change to your Workers' Compensation insurance premium. Effective [Date], the state of [State Name] has mandated an adjustment to the [Rate/Surcharge/Assessment] applied to all workers' compensation policies operating within the state.

**Reason for Adjustment:**

The [State Department of Insurance/Workers Compensation Board] has approved a mandatory increase of [Percentage]% to the base rates. This adjustment is driven by state legislative changes regarding [Brief Reason, e.g., medical cost adjustments or benefit level increases].

**Impact on Your Policy:**

- Current Premium: \$[Amount]
- State-Mandated Increase: \$[Amount]
- New Total Premium: \$[Amount]

Please note that this increase is a regulatory requirement and is not a result of your individual claims history or safety record. The change will be reflected in your next billing statement dated [Date].

If you have any questions regarding this state-mandated disclosure, please contact your insurance agent or our customer service department at [Phone Number].

Sincerely,

[Your Name/Company Name]

[Title]

[Contact Information]