[Current Date]

[Policyholder Name]
[Company Name]
[Address Line 1]
[Address Line 2]

Subject: Annual Workers' Compensation Policy Review - Policy #[Policy Number]

Dear [Policyholder Name],

It is time for the annual review of your Workers' Compensation insurance policy. This review ensures that your coverage limits and premium calculations accurately reflect your current business operations.

To complete this review, please provide the following updated information:

- Total number of full-time and part-time employees.
- Estimated annual payroll for the upcoming policy period.
- Description of any significant changes to business operations or job duties.
- Details of any new locations opened in the past 12 months.

Please submit these details by [Due Date] to ensure there is no lapse in coverage and that your premium remains accurate. Failure to provide updated information may result in an estimated premium adjustment or non-renewal.

If you have any questions or would like to schedule a call to discuss your coverage, please contact me at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Agent Name]
[Insurance Agency Name]