

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

Policy Number: [Insert Policy Number]

Subject: RENEWAL REMINDER: Workers Compensation Insurance Policy

Dear [Client Name],

This is a formal reminder that your Workers Compensation Insurance policy is scheduled to expire on **[Expiration Date]**.

To ensure there is no lapse in coverage and to maintain compliance with state regulations, we need to begin the renewal process. Please review and provide the following information by **[Due Date]**:

- Updated estimated annual payroll for the upcoming term.
- Current headcount of full-time and part-time employees.
- Description of any significant changes to your business operations.

If we do not receive your renewal instructions or payment by the expiration date, your coverage may be terminated, which could result in legal penalties or out-of-pocket costs for workplace injuries.

Please contact us at **[Phone Number]** or **[Email Address]** to confirm your renewal or if you have any questions regarding your premium.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Company Name]

[Contact Information]