

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: IMPORTANT NOTICE - Workers Compensation Policy Grace Period Alert**

Policy Number: [Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your Workers Compensation policy, which was due on [Due Date].

Your policy has now entered a **grace period**. To ensure your coverage remains active and to avoid a lapse in protection for your employees, a payment of **[\$Amount Due]** must be received no later than **[Grace Period End Date]**.

Please be advised that failure to pay the outstanding balance by the date mentioned above will result in the formal cancellation of your policy effective [Cancellation Date].

**Payment Options:**

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your invoice, please contact our billing department immediately at [Customer Service Phone Number].

Sincerely,

[Your Name/Department]

[Company Name]