[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Past Due Workers' Compensation Premium

Policy Number: [Policy Number]
Amount Overdue: $[Amount]

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].

To ensure that your coverage remains active and to avoid any potential lapse in protection for your employees, please submit your payment of $[Amount] immediately.

You can make a payment through the following methods:

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

If you have already sent your payment, please disregard this notice. If you have any questions regarding your billing or if you are experiencing difficulties making a payment, please contact our billing department at [Contact Phone Number].

Sincerely,

[Your Name/Department]
[Company Name]