

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Workers Compensation Insurance

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Workers Compensation insurance policy, which is scheduled to expire on [Expiration Date] at 12:01 A.M.

This decision has been made following a review of your account, specifically due to a poor loss record. The frequency and/or severity of claims submitted during the current and preceding policy terms no longer meet our underwriting guidelines for renewal.

Your coverage will remain in effect until the expiration date listed above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your Workers Compensation protection, as required by state law.

If you believe the information regarding your loss history is incorrect, or if you have questions regarding this notice, please contact [Department/Contact Name] at [Phone Number].

Sincerely,

[Name]

[Title]

[Insurance Company Name]