

[Company Header/Logo]

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Workers Compensation Insurance

Policy Number: [Policy Number]

Expiration Date: [Policy 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]. Coverage under this policy will terminate at 12:01 A.M. on the aforementioned date.

This decision was made following a review of your account and risk profile. Specifically, this non-renewal is due to the failure to implement essential safety recommendations provided to your organization on [Date of Safety Report/Audit].

Our loss control department identified the following critical safety concerns that remain unaddressed:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

As these safety hazards significantly increase the risk of workplace injuries and have not been corrected within the requested timeframe, we are unable to continue providing coverage.

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to avoid any lapse in your Workers Compensation insurance, which may be required by state law.

If you have any questions regarding this notice, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name]

[Title]

[Insurance Company Name]

CC: [Agent/Broker Name]