

[Company Header/Logo]

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

**RE: Notice of Non-Renewal of Workers Compensation Insurance**

Policy Number: [Policy Number]

Expiration Date: [Current Expiration Date]

Dear [Insured 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. local time.

Coverage will cease on the expiration date and time noted above. This decision has been made following a comprehensive review of your policy file. We have determined that your account currently presents an unacceptable liability risk that no longer meets our underwriting guidelines.

The specific reason(s) for this non-renewal include:

- [Insert specific reason, e.g., Frequency of claims history]
- [Insert specific reason, e.g., Failure to implement required safety recommendations]
- [Insert specific reason, e.g., Significant change in business operations/risk classification]

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 have any questions regarding this notice, please contact [Department/Contact Name] at [Phone Number].

Sincerely,

[Name]

[Title]

[Insurance Company Name]

cc: [Agent/Broker Name]