

DATE: [Current Date]

TO:

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]

Policy Period: [Policy Start Date] to [Policy End Date]

Effective Date of Non-Renewal: [Policy Expiration Date]

Dear [Policyholder Name],

This letter serves as formal notice that your Workers Compensation insurance policy will not be renewed and will expire on [Policy Expiration Date] at 12:01 A.M.

The reason for this non-renewal is your failure to comply with the annual payroll audit requirements. Specifically, we have not received the necessary financial documentation or access to records required to complete the audit for the period of [Audit Period].

As per the terms and conditions of your policy, the insured must provide the carrier with the information necessary to determine the final premium. Failure to cooperate with the audit process is a breach of the policy agreement.

To avoid a lapse in coverage, you must obtain insurance through another carrier prior to [Policy Expiration Date]. Please note that your failure to complete this audit may result in an estimated audit bill and could impact your ability to secure coverage with other insurance providers.

If you submit the completed audit information immediately, we may consider rescinding this non-renewal notice, subject to underwriting approval.

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Phone Number]