

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Premium Due - Workers Compensation Audit**

Policy Number: [Policy Number]

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

Dear [Policyholder Name],

We are writing to notify you that the recent audit of your Workers Compensation policy has been completed. Based on the actual payroll figures reported for the period listed above, an additional premium is now due.

**Summary of Audit Balance:**

- Audit Premium Amount: \$[Amount]
- Applicable Taxes/Fees: \$[Amount]
- **Total Amount Due: \$[Total Amount]**
- **Due Date: [Date]**

Please remit your payment by the due date mentioned above to ensure your account remains in good standing. You may pay your bill via [Payment Method: Online Portal/Check/Phone].

A copy of the Audit Statement is enclosed for your records. This statement provides a detailed breakdown of the classifications and payroll used to calculate this adjustment.

If you have any questions regarding these findings or believe there is a discrepancy, please contact our Audit Department at [Phone Number] or [Email Address] within [Number] days of receiving this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Insurance Company Name]