

Date: [Insert Date]

TO: [Policyholder Name]

Address: [Street Address], [City, State, Zip Code]

Policy Number: [Insert Policy Number]

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

SUBJECT: SECOND NOTICE - FINAL AUDIT PREMIUM OVERDUE

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for the premium balance resulting from your recent Workers Compensation Audit. A first notice was sent to you on [Insert Date of First Notice].

Amount Due: \$[Insert Amount]

Due Date: [Insert Date]

This payment is required to maintain your policy in good standing. Failure to remit this payment immediately may result in the cancellation of your current insurance coverage and the referral of this account to a formal collection agency.

If you have already sent your payment, please disregard this notice. If you are unable to pay the full amount at this time, please contact our Billing Department immediately at [Insert Phone Number] to discuss a payment arrangement.

You may pay your bill online at [Insert Website URL] or by mailing a check to the address listed below.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Company Name]

[Phone Number]

[Email Address]