

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: FINAL NOTICE - Workers Compensation Audit Premium Due

Policy Number: [Policy Number]

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

Amount Due: \$[Amount]

Dear [Policyholder Name],

This is a formal final notice regarding the outstanding premium balance resulting from your Workers Compensation audit for the period listed above. Our records indicate that we have not yet received payment for the amount of \$[Amount], which was due on [Original Due Date].

Payment must be received in full by [Final Deadline Date] to avoid further action. Failure to resolve this balance immediately may result in the following:

- Cancellation of your current insurance coverage.
- Referral of your account to an external collection agency.
- Reporting of this delinquency to credit bureaus.
- Legal action to recover the owed premium.

Please remit payment immediately via one of the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** [Payment Mailing Address]

If payment has already been sent, please disregard this notice. If you have questions or wish to discuss a payment arrangement, please contact our Billing Department at [Phone Number] or [Email Address] immediately.

Sincerely,

[Sender Name]

[Title]

[Company Name]