

URGENT: FINAL NOTICE REGARDING AUDIT PREMIUM

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

City, State, Zip: [City, State, Zip]

Re: Workers Compensation Policy Audit

Policy Number: [Insert Policy Number]

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

Amount Due: \$[Insert Amount Due]

Dear [Policyholder Name],

This is an urgent reminder regarding the outstanding premium balance resulting from your recent Workers Compensation payroll audit. Our records indicate that we have not yet received payment for the amount listed above.

The audit premium was due on [Insert Original Due Date]. Failure to remit this payment immediately may result in the following actions:

- Cancellation of your current insurance coverage.
- Reporting of this delinquency to credit agencies.
- Referral of your account to a third-party collection agency.
- Loss of eligibility for future coverage or dividends.

Please submit your payment of \$[Insert Amount Due] by [Insert Final Deadline Date] to avoid any interruption in coverage.

Payment Options:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: Check payable to [Company Name] sent to [Mailing Address]

If you have already sent your payment, please disregard this notice. If you have questions regarding the audit results or wish to discuss a payment plan, contact the Audit Department immediately at [Insert Phone Number].

Sincerely,

[Sender Name]

[Title]

[Company Name]