

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: PAST DUE NOTICE - Workers Compensation Audit Premium

Policy Number: [Policy Number]

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

Amount Past Due: \$[Amount]

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for the premium balance resulting from your recent Workers Compensation payroll audit. This balance was due on [Original Due Date].

To keep your account in good standing and avoid any interruption in coverage, please submit your payment of \$[Amount] immediately.

Payment Options:

- **Online:** Visit [Website URL] to pay via credit card or EFT.
- **By Mail:** Send a check payable to [Company Name] to [Mailing Address].
- **By Phone:** Call our billing department at [Phone Number].

If payment has already been sent, please disregard this notice. If you have questions regarding the audit results or are experiencing financial hardship, please contact our Audit Department at [Phone Number] or [Email Address] to discuss payment arrangements.

Failure to remit payment may result in the cancellation of your current policy and referral to a collection agency.

Sincerely,

[Sender Name/Department]

[Company Name]