

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: NOTICE OF DELINQUENT AUDIT PREMIUM

Policy Number: [Policy Number]

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

Amount Overdue: \$[Amount]

Dear Policyholder,

This letter serves as a formal reminder that your account is currently delinquent. We have not yet received payment for the Workers Compensation audit premium resulting from the audit period listed above.

The balance of \$[Amount] was due on [Due Date]. To keep your policy in good standing and avoid further collection actions or potential policy cancellation, please remit your payment immediately.

Payment Options:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check payable to [Company Name] to [Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding the audit results, please contact our Billing Department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]

[Title]

[Company Name]