

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: URGENT NOTICE - Workers Compensation Policy Cancellation Warning

Policy Number: [Policy Number]

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

Amount Due: \$[Total Amount]

Dear [Policyholder Name],

This letter serves as a formal warning regarding the outstanding premium balance resulting from your recent Workers Compensation payroll audit. To date, we have not received the required payment of \$[Total Amount].

Failure to pay this balance by [Due Date] will result in the cancellation of your insurance coverage.

To prevent a lapse in coverage and the legal consequences of operating without Workers Compensation insurance, please take one of the following actions immediately:

- **Online Payment:** Visit our portal at [Website URL] to pay by credit card or electronic check.
- **Phone Payment:** Call our billing department at [Phone Number].
- **Mail Payment:** Send a check made payable to [Company Name] to the address listed below.

If you believe there is an error in the audit findings or if you have already sent your payment, please contact our Audit Department immediately at [Audit Phone Number] or [Email Address] to resolve this discrepancy.

Please give this matter your urgent attention to ensure your business remains protected.

Sincerely,

[Sender Name]

[Title]

[Company Name]