

IMPORTANT AGENCY NOTICE

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

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

RE: Workers Compensation Audit Premium Reminder

Policy Number: [Insert Policy Number]

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

Amount Due: \$[Insert Amount]

Due Date: [Insert Due Date]

Dear [Contact Name],

This is a formal reminder regarding the outstanding premium resulting from your recent Workers Compensation payroll audit. According to our records, the balance of \$[Insert Amount] remains unpaid.

The audit process ensures that your premium accurately reflects your actual payroll and risk exposure for the completed policy term. As this audit has now been finalized, the resulting adjustment is due immediately.

Action Required:

Please submit your payment by [Insert Due Date] to avoid any interruption in coverage or potential cancellation of your current policy. You may pay using one of the following methods:

- Online Portal: [Insert Website URL]
- Phone: [Insert Phone Number]
- Mail: Send a check to [Insert Payment Mailing Address]

If you have already sent your payment, please disregard this notice. If you have questions regarding the audit findings or need to discuss a payment plan, please contact our billing department at [Insert Phone Number] or email [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Agent/Representative Name]

[Agency Name]

[Agency Phone Number]