

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: OVERDUE BALANCE REMINDER - Workers Compensation Audit Premium

Policy Number: [Policy Number]
Audit Period: [Start Date] to [End Date]
Amount Overdue: \$[Amount]

Dear [Policyholder Name],

Our records indicate that the premium balance resulting from your recent Workers Compensation payroll audit remains unpaid. This balance was due on [Original Due Date].

As this audit premium is based on your actual payroll figures for the completed policy period, payment is required to keep your account in good standing. Failure to pay this balance may result in the cancellation of your current insurance coverage or the referral of your account to a collection agency.

Please remit your payment of \$[Amount] by [New Due Date] using one of the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please make checks payable to [Company Name] and mail to the address listed above.

If you have already sent your payment, please disregard this notice. If you have questions regarding the audit findings or if you are unable to pay the full amount at this time, please contact our Billing Department immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Title]