

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: ACTION REQUIRED - Workers Compensation Audit Premium Due

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

Dear [Policyholder Name],

This is a formal reminder that the premium resulting from your recent Workers Compensation payroll audit is now past due. Our records indicate that we have not yet received payment for the amount listed above.

Payment was originally due on [Original Due Date]. To avoid potential policy cancellation or referral to a collection agency, please submit your payment immediately.

How to Pay:

- **Online:** Visit [Website URL] and log in to your account.
- **By Phone:** Call [Phone Number] to pay via credit card or electronic check.
- **By Mail:** Send a check payable to [Company Name] to the address listed at the top of this letter. Please include your policy number on the check.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]
[Title]
[Company Name]