

[Current Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: Notice of Workers Compensation Policy Revision

Policy Number: [Policy Number]

Effective Date of Revision: [Date]

Dear [Name of Contact Person or Business Owner],

This letter is to formally notify you of a revision to your Workers Compensation insurance policy. We have updated your policy details based on [reason for revision, e.g., recent audit results, change in payroll estimates, or updated job classifications].

The following changes have been applied to your account:

- **Classification Changes:** [Describe changes or state "None"]
- **Payroll Adjustment:** [Old Amount] to [New Amount]
- **Experience Modifier Update:** [Old Mod] to [New Mod]
- **Premium Adjustment:** [Increase/Decrease] of \$[Amount]

Please find the enclosed Amended Declarations Page which outlines the specific changes in detail. This document should be kept with your original policy records.

If these revisions result in an additional premium due, an invoice will be sent under separate cover. If this results in a credit, it will be applied to your future installments or refunded according to your payment plan.

If you have any questions regarding these changes or believe any information is incorrect, please contact your agent or our billing department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Phone Number]