

[Date]

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

RE: Workers Compensation Policy Renewal

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

Dear [Policyholder Contact Name],

Thank you for choosing [Insurance Agency/Company Name] for your insurance needs. We are pleased to provide you with your Workers Compensation renewal policy for the upcoming term.

Enclosed/Attached you will find the following documents:

- Renewed Policy Declaration Page
- Premium Invoice
- Required State Postings and Notices
- Policy Endorsements

Please review these documents carefully to ensure all information, including payroll estimates and class codes, is accurate. If there have been any significant changes to your business operations or ownership over the past year, please notify us immediately to ensure your coverage remains adequate.

As a reminder, your premium is based on estimated payroll. An audit will be conducted at the end of the policy term to determine your final earned premium.

If you have any questions regarding your renewal or need to report a claim, please contact our office at [Phone Number] or via email at [Email Address].

We appreciate your continued business.

Sincerely,

[Sender Name]
[Title]
[Company Name]