

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

[Date]

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

Subject: Renewal of Workers Compensation Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your Workers Compensation insurance policy for your artisan contracting business is scheduled to renew on **[Expiration Date]**.

To ensure your coverage continues without interruption, please review the following renewal details:

- **Renewal Term:** [Start Date] to [End Date]
- **Estimated Annual Premium:** \$[Amount]
- **Estimated Annual Payroll:** \$[Amount]
- **Class Code(s):** [Code Number/Description]

Action Required:

As an independent contractor, it is essential that your payroll estimates are accurate to avoid significant adjustments during your annual audit. If your business operations have changed, if you have hired new employees, or if your estimated subcontractor costs have shifted, please contact us immediately to update your file.

Payment Instructions:

To accept this renewal, please submit your payment by [Due Date]. You can pay via [Online Portal/Check/Phone]. If you are set up for automatic renewals, no further action is required unless changes are needed.

Thank you for choosing [Agency/Company Name] to protect your business. We value your partnership and look forward to serving you for another year.

Sincerely,

[Agent Name]
[Title]
[Email Address]