

[Date]

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

Subject: Notice of Insufficient Insurance Coverage - [Policy/Reference Number]

Dear [Recipient Name],

We are writing to inform you that after a recent review of your insurance documentation, it has been determined that your current coverage does not meet the minimum requirements set forth in our [Agreement/Contract/Lease] dated [Date of Agreement].

The following deficiency has been identified:

- **Required Coverage:** [Type of Insurance, e.g., General Liability]
- **Minimum Limit Required:** \$[Amount]
- **Current Limit on File:** \$[Amount]

To remain in compliance, please update your policy or obtain additional coverage to satisfy these requirements. Once updated, please provide a Certificate of Insurance (COI) naming [Your Name/Company Name] as an additional insured.

Please submit the updated documentation by [Deadline Date] to avoid [Consequence, e.g., breach of contract or administrative fees].

If you have already updated your policy, please disregard this notice and send us the updated certificate for our records.

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Contact Information]