

**Date:** [Insert Date]

**To:** [Contractor Name]

**Address:** [Contractor Address]

**City, State, Zip:** [City, State, Zip]

**Subject: URGENT: Expired Workers' Compensation Insurance Certificate**

Dear [Contact Name],

Our records indicate that the Workers' Compensation insurance policy we have on file for your company expired on **[Insert Expiration Date]**.

Per our contractual agreement, all contractors are required to maintain active Workers' Compensation insurance coverage while performing work for [Your Company Name]. This is a mandatory compliance requirement.

Please provide a current Certificate of Insurance (COI) reflecting your renewed policy no later than **[Insert Due Date]**. The certificate must list [Your Company Name] as the Certificate Holder.

You may submit the updated document via:

- **Email:** [Insert Email Address]
- **Fax:** [Insert Fax Number]
- **Upload Portal:** [Insert URL if applicable]

Please note that failure to provide proof of valid insurance may result in the suspension of future work assignments and the withholding of pending payments until compliance is met.

If you have already renewed your policy, please contact your insurance agent to have the certificate sent to us immediately. If you believe this notice is in error, please contact our compliance department at [Insert Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]