

[Sender Name]
[Sender Title]
[Company Name]
[Address]
[Date]

[Recipient Name]
[Recipient Title]
[Contractor Company Name]
[Address]

RE: NOTICE OF CONTRACT DEFAULT - Expired Workers' Compensation Insurance

Dear [Recipient Name],

This letter serves as formal notice that [Contractor Company Name] is in default of the contract dated [Contract Date] regarding [Project Name/Contract Number].

Pursuant to Section [Section Number] of the Agreement, the Contractor is required to maintain active Workers' Compensation Insurance coverage throughout the duration of the project. Our records indicate that your policy (Policy #[Policy Number]) expired on [Expiration Date], and we have not received a valid Certificate of Insurance (COI) showing renewal or replacement coverage.

This lapse in coverage constitutes a material breach of contract. Consequently, you are hereby instructed to:

- Immediately cease all work on the project site until valid proof of insurance is provided.
- Submit a current Certificate of Insurance naming [Company Name] as an additional insured (if applicable) no later than [Deadline Date/Time].

Failure to remedy this default within [Number] days of this notice may result in further action, including immediate contract termination, withholding of pending payments, and the pursuit of legal remedies as outlined in our agreement.

Please contact [Contact Name] at [Phone/Email] immediately to confirm receipt of this notice and provide the required documentation.

Sincerely,

[Signature]
[Printed Name]
[Company Name]