

[Current Date]

[Contractor Name]

[Contractor Address]

[City, State, Zip Code]

**Subject: Notice of Contract Termination - Expired Workers' Compensation Insurance**

Dear [Contractor Contact Name],

This letter serves as formal notification that [Your Company Name] is terminating the contract dated [Date of Contract] for [Service/Project Name], effective immediately.

Pursuant to Section [Section Number] of our agreement, you are required to maintain active Workers' Compensation Insurance coverage throughout the duration of the contract. Our records indicate that your policy (Policy Number: [Number]) expired on [Expiration Date], and we have not received a valid certificate of renewal despite previous requests.

The lapse in this mandatory coverage constitutes a material breach of contract. As a result, all work must cease immediately, and you are requested to submit a final invoice for services rendered up to [Termination Date].

If you can provide proof of continuous, uninterrupted coverage that was in place prior to the expiration date, please contact us within [Number] business days to discuss a potential reinstatement of the agreement.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]