

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

**RE: NOTICE OF EXPIRED WORKERS COMPENSATION INSURANCE**

Dear [Vendor Contact Name],

During a recent audit of our property management compliance records, we noted that the Workers Compensation Insurance policy on file for your company expired on [Expiration Date].

To remain an approved vendor for our managed properties, we require a current Certificate of Insurance (COI) confirming active coverage. Our records indicate we have not yet received your updated policy information.

Please provide a Certificate of Insurance that includes the following:

- Updated policy effective and expiration dates.
- Minimum coverage limits as per our vendor agreement.
- [Management Company Name] listed as "Certificate Holder."
- [Optional: Additional Insured language as required].

Please email the updated certificate to [Email Address] or upload it to our vendor portal at [URL] no later than [Due Date].

Failure to provide proof of valid insurance may result in the suspension of pending work orders and the withholding of future payments until your file is compliant.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Management Company Name]