

DATE: [Insert Date]

TO: [Contractor/Company Name]

ATTN: [Contact Person Name]

ADDRESS: [Company Address]

RE: STOP WORK ORDER - Expired Workers' Compensation Insurance

Dear [Name],

This letter serves as a formal **STOP WORK ORDER** effective immediately. Our records indicate that your Workers' Compensation Insurance policy (Policy #[Number]) expired on [Date].

Pursuant to our contract and local labor laws, all contractors must maintain active Workers' Compensation coverage while performing work on the project located at [Project Address/Name]. Performance of work without valid insurance is a breach of contract and a safety violation.

Required Actions:

- Cease all operations and vacate the job site immediately.
- Provide a Certificate of Insurance (COI) showing proof of renewal or a new policy.
- Ensure the new policy meets the minimum coverage limits required by the contract.

You are not permitted to resume work or return to the site until we have received and verified your updated insurance documentation. Any delays caused by this suspension will be considered your responsibility.

Please submit the required documentation to [Email Address] or [Physical Address] for review.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]