

[Your Name/Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Date]

[Insurance Agent/Broker Name]  
[Insurance Agency Name]  
[Agency Address]  
[City, State, Zip Code]

**RE: URGENT REQUEST - Workers' Compensation Insurance Certificate**

Dear [Agent Name],

I am writing to formally request an updated copy of our Workers' Compensation Insurance Certificate for [Your Company Name]. Our current records indicate that our documentation is expired or about to expire.

This request is **urgent** as we require this certificate to maintain compliance with [State/Contractual] requirements and to prevent any interruption in our operations or pending payments.

Please provide the following:

- Current Certificate of Insurance (COI)
- Policy Number: [Enter Policy Number if known]
- Effective Dates: [Enter Start Date] to [Enter End Date]

Please email the updated document to [Your Email Address] or fax it to [Your Fax Number] as soon as possible.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Phone Number]