

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Subject: NOTICE OF VENDOR SUSPENSION - Expired Workers' Compensation Policy

Dear [Contact Name],

This letter serves as formal notification that [Your Company Name] has suspended [Vendor Name]'s status as an active vendor, effective immediately.

This suspension is due to the expiration of your Workers' Compensation insurance policy on [Date]. Our records indicate that we have not yet received a renewed Certificate of Insurance (COI) reflecting current coverage.

Per our contractual agreement, all vendors are required to maintain valid Workers' Compensation insurance to perform work or provide services. Consequently:

- All current projects or service visits are halted.
- Access to our facilities is restricted.
- Pending payments may be withheld until compliance is verified.

To lift this suspension, please submit an updated Certificate of Insurance to [Department/Email Address] as soon as possible. Once we verify the coverage is active and meets our requirements, your vendor status will be reinstated.

If you have already renewed your policy, please disregard this notice and provide the documentation immediately.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]