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DATE: [Insert Date]

TO: [Contractor Name]
[Contractor Address]
[City, State, Zip Code]

FROM: [Your Name/Company Name]
[Your Department]

SUBJECT: NOTICE OF NON-COMPLIANCE - Expiration of Certificate of Insurance

Dear [Contractor Contact Name],

This letter serves as formal notice that our records indicate your Certificate of Insurance (COI) for **[Project Name/Contract Number]** has expired or is otherwise non-compliant with the requirements set forth in our agreement.

According to our records, the following deficiency exists:

- [ ] Expired General Liability Insurance
- [ ] Expired Workers' Compensation Insurance
- [ ] Expired Professional/Automobile Liability
- [ ] Failure to list [Company Name] as Additionally Insured
- [ ] Coverage limits fall below the required contractual minimums

Please provide an updated and valid Certificate of Insurance within **[Number, e.g., 5]** business days of the date of this letter. You may submit the document via email to **[Email Address]** or by mail to the address listed above.

Failure to provide proof of valid insurance may result in the following actions as per our contract:

- Suspension of work on-site.
- Withholding of pending payments.
- Termination of the contract.

If you believe this notice is in error or if your insurance provider has already sent the documentation, please contact our office immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]