[Date]

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

Subject: Notice of Insufficient Insurance Coverage - [Project Name/Contract Number]

Dear [Contractor Contact Name],

We have received and reviewed the Certificate of Insurance (COI) provided for the aforementioned project. Upon review, it has been determined that your current coverage limits do not meet the minimum requirements specified in our contract agreement dated [Date of Agreement].

The following deficiencies were identified:

- **[Type of Insurance, e.g., General Liability]:** Current limit is $[Amount], required limit is $[Amount].
- **[Type of Insurance, e.g., Umbrella/Excess Liability]:** Current limit is $[Amount], required limit is $[Amount].
- **[Other Deficiency, e.g., Policy Expiration/Missing Endorsement]:** [Description].

Please contact your insurance agent immediately to increase your coverage limits or add the necessary endorsements to comply with the contract requirements. We require a revised Certificate of Insurance reflecting these changes no later than [Due Date].

Please note that failure to provide a compliant Certificate of Insurance may result in [consequences, e.g., delay of work, withholding of payment, or contract termination].

Please upload the revised certificate to [Submission Portal/Email Address]. If you have any questions, please contact [Name] at [Phone Number].

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]