[Date]

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

RE: Notice of Insurance Non-Compliance - [Project Name/Contract Number]

Dear [Contact Name],

We are currently reviewing our records regarding the Certificate of Insurance (COI) for your company's work on the above-referenced project. Upon review, we have found that your current insurance documentation is non-compliant for the following reason(s):

- [ ] Certificate has expired or is expiring on [Date].
- [ ] General Liability limits are below the required $[Amount].
- [ ] Workers' Compensation coverage is missing or insufficient.
- [ ] [Main Contractor Name] is not listed as an "Additional Insured."
- [ ] Waiver of Subrogation is missing.
- [ ] Other: [Description]

Per the terms of our Subcontract Agreement, valid insurance coverage must be maintained at all times. Please provide an updated Certificate of Insurance meeting all contract requirements by [Deadline Date].

Please be advised that failure to provide a compliant certificate may result in a delay of project payments or a temporary suspension of work on-site until the deficiency is corrected.

Please submit the updated document to [Email Address] or upload it via our portal at [URL].

Thank you for your prompt attention to this matter.

Sincerely,

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