[Date]

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

RE: NOTICE OF CANCELLATION - Certificate of Insurance Compliance

Dear [Contact Person Name],

This letter serves as formal notification that your Certificate of Insurance (COI) on file with [Your Company Name] is currently non-compliant or has been cancelled effective [Date of Cancellation].

Per our agreement dated [Contract Date], maintaining active insurance coverage is a mandatory requirement. Our records indicate the following deficiency:

- [ ] Expiration of General Liability Insurance
- [ ] Expiration of Workers' Compensation Insurance
- [ ] Expiration of Professional Liability/Umbrella Policy
- [ ] Failure to list [Your Company Name] as Additionally Insured
- [ ] Other: [Specify Reason]

Please be advised that your authorization to perform work or provide services for [Your Company Name] is suspended effective immediately. You may not return to the job site or resume operations until a valid, updated Certificate of Insurance meeting all contract requirements is received and verified by our office.

Please have your insurance agent forward the updated certificate to [Email Address] or upload it to [Web Portal Link] as soon as possible.

If you have already renewed your policy, please disregard this notice once the new certificate is provided.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]
[Phone Number]