

DEPARTMENT OF TRANSPORTATION

Division of Construction

[Resident Engineer's Address]

[City, CA Postal Zip Code]

[PHONE: (Area Code) xxx-xxxx]

[FAX: (Area Code) xxx-xxxx]

*Flex your power!
Be energy efficient!*

Date: [Month dd, yyyy]

[Name of Surety Company]

[Address]

[City, State ZIP]

Re: Notice of Contract Suspension of Work

[Contractor's Name]

[Contract No./Project Description]

Dear Surety:

This is to notify you that *[insert contractor's name]* has failed to maintain insurance on Contract No. *[insert contract EA and project description]* as required under Section 7-1.12, "Indemnification and Insurance," of the *Standard Specifications*. In accordance with Section 8-1.05, "Temporary Suspension of Work," *[insert contractor's name]*'s operations on Contract No. *[insert contract EA]* are suspended effective *[insert effective date of temporary work suspension]*.

Your attention is directed to the provisions of Section 10253 of the Public Contract Code (PCC), and to Section 8-1.08, "Termination of Control," of the *Standard Specifications* relating to the contractor's failure to comply with the insurance provisions of the contract. Pursuant to PCC §10253, unless the contractor submits proof of the required insurance in accordance with the contract, Caltrans may issue a five-day written notice to terminate the contractor's control.

You will be notified if the contractor provides the required proof of insurance prior to a notice to terminate the contractor's control of the work.

If you have questions, please contact me at *[(Area Code) xxx-xxxx]*.

Sincerely,

[Name of resident engineer]

Resident Engineer