

Vendor Liability Insurance Audit Scheduling

Date: [Insert Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Contact Name],

We are conducting our annual audit of vendor liability insurance to ensure compliance with our policies. We would like to schedule a meeting with you to review your current insurance coverage and related documents.

Please provide your availability for the following dates and times:

- [Option 1: Date and Time]
- [Option 2: Date and Time]
- [Option 3: Date and Time]

Should none of these options work for you, please suggest alternative dates and times that would be more convenient.

Thank you for your cooperation. We look forward to your prompt reply.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]