

Vendor Liability Insurance Confirmation Inquiry

Date: [Insert Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Name],

I hope this message finds you well. We are currently reviewing our records and would like to confirm the details of your liability insurance coverage as part of our vendor compliance requirements.

Could you please provide the following information at your earliest convenience:

- Insurance provider name
- Policy number
- Coverage limits
- Expiration date of the coverage

Your prompt response will greatly assist us in maintaining accurate and up-to-date documentation.

Thank you for your attention to this matter. Please feel free to reach out if you have any questions.

Best regards,

[Your Name]

[Your Job Title]

[Your Company Name]

[Your Phone Number]

[Your Email Address]