

# Vendor Liability Insurance Coverage Verification

Date: [Insert Date]

To: [Vendor's Name]

Address: [Vendor's Address]

City, State, Zip: [Vendor's City, State, Zip]

Dear [Vendor's Name],

This letter is to confirm the verification of your liability insurance coverage as required for our ongoing business relationship.

Below are the details of your insurance coverage:

- Insurer: [Insert Insurer's Name]
- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]

We appreciate your cooperation in providing this information. Should you have any questions or require further assistance, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Your Company's Name]

[Your Company's Address]

[Your Contact Information]