

Supplier Trade Credit Insurance Agreement

Date: [Insert Date]

To:

[Supplier's Name]

[Supplier's Address]

[City, State, Zip Code]

Dear [Supplier's Contact Name],

We are pleased to confirm the terms of our Trade Credit Insurance Agreement, which has been established to enhance our business relationship and minimize risks associated with credit exposures.

Agreement Details:

- **Policy Number:** [Insert Policy Number]
- **Effective Date:** [Insert Effective Date]
- **Coverage Amount:** [Insert Coverage Amount]
- **Premium Rate:** [Insert Premium Rate]

This agreement covers the credit sales made by [Your Company Name] to [Supplier's Company Name] as per the agreed terms and conditions. The insurance policy aims to protect us against potential defaults on payments.

Please review the attached documentation for more information regarding the terms and conditions of the insurance coverage.

We appreciate your continued partnership and look forward to a mutually beneficial business relationship.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Contact Information]