

# Affirmation of Vendor Insurance Status

Date: [Insert Date]

To Whom It May Concern,

This letter serves to affirm that [Vendor Name], located at [Vendor Address], currently holds all necessary insurance coverages required to conduct business with [Your Company Name].

The following insurance policies are in effect:

- General Liability Insurance: [Policy Number, Limits, Provider]
- Workers' Compensation Insurance: [Policy Number, Provider]
- Professional Liability Insurance: [Policy Number, Limits, Provider]

Please feel free to contact me at [Your Contact Information] if you require any further information or documentation regarding this matter.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[Your Email]

[Your Phone Number]