

Vendor Insurance Compliance Confirmation

Date: [Insert Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Contact Name],

This letter serves as confirmation of your compliance with our insurance requirements as outlined in our agreement dated [Insert Agreement Date]. We have reviewed your provided insurance documentation and are pleased to confirm that your coverage meets our specified criteria.

The following insurance policies have been verified:

- General Liability Insurance: [Insert Coverage Amount]
- Workers' Compensation Insurance: [Insert Coverage Amount]
- Automobile Liability Insurance: [Insert Coverage Amount]
- Professional Liability Insurance: [Insert Coverage Amount]

As a reminder, please ensure that all insurance policies remain active and compliant for the duration of our partnership. We appreciate your attention to this matter and look forward to working together.

Should you have any questions or need further clarification, please feel free to reach out to us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]