

# Vendor Insurance Coverage Verification Request

Date: [Insert Date]

[Vendor's Contact Name]

[Vendor's Company Name]

[Vendor's Address]

[City, State, Zip Code]

Dear [Vendor's Contact Name],

I hope this message finds you well. As part of our ongoing compliance and risk management procedures, we are conducting a review of our vendor partnerships and require verification of your current insurance coverage.

Please provide us with the following information regarding your insurance policies:

- Certificate of Insurance
- General Liability Coverage
- Workers' Compensation Coverage
- Professional Liability Insurance (if applicable)

Kindly send the requested documentation by [insert deadline] to ensure continued compliance with our policies. If you have any questions or need further clarification, please do not hesitate to reach out.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]