

Vendor Insurance Policy Verification Request

Date: [Insert Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Name],

We are currently reviewing our vendors' insurance policies to ensure compliance with our requirements. To proceed, we kindly request the following information regarding your insurance coverage:

- Proof of Liability Insurance
- Workers' Compensation Insurance Certificate
- Automobile Liability Insurance
- Any Additional Relevant Coverages

Please provide the requested documentation by [Insert Due Date] to avoid any disruption in our business relationship. You may send the information via email to [Your Email Address] or fax it to [Your Fax Number].

Thank you for your prompt attention to this matter. If you have any questions, feel free to reach out at [Your Phone Number].

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]