

Vendor Liability Insurance Confirmation

Date: [Insert Date]

To: [Vendor's Name]

[Vendor's Address]

[City, State, Zip Code]

Dear [Vendor's Name],

This letter serves as a confirmation of your vendor liability insurance as required for our business transaction. Below are the details of your insurance coverage:

- Insurance Provider: [Insurance Company Name]
- Policy Number: [Policy Number]
- Coverage Amount: [Coverage Amount]
- Effective Date: [Effective Date]
- Expiration Date: [Expiration Date]

Please ensure that your insurance remains valid and up-to-date throughout the duration of our partnership. Should you have any questions or require further documentation, do not hesitate to reach out.

Thank you for your cooperation.

Best regards,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]