

Vendor Proof of Insurance Request

Date: [Date]

To: [Vendor Name]

Address: [Vendor Address]

City, State, Zip: [City, State, Zip]

Dear [Vendor Name],

We hope this message finds you well. As part of our compliance requirements, we kindly request that you provide us with proof of your current insurance coverage for our records.

Please include the following information in your proof of insurance submission:

- Certificate of Insurance
- Policy Number
- Coverage Limits
- Expiration Date
- Insured Party Name

We appreciate your prompt attention to this matter and kindly request that the proof of insurance be submitted by [Submission Deadline]. If you have any questions or need further information, please do not hesitate to contact us.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]