

Vendor Risk Management Insurance Check

Date: [Insert Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Contact Name],

We are conducting a thorough review of our vendor management processes, and as part of this effort, we require an update regarding your insurance coverage. Ensuring that all of our vendors maintain adequate insurance is vital in managing risk effectively.

Please provide us with the following information:

- Type of Insurance: [e.g., General Liability, Professional Liability, etc.]
- Policy Number:
- Effective Dates of Coverage:
- Coverage Limits:
- Certificate of Insurance (attached or provided separately):

We kindly ask that you respond by [Insert Due Date] to ensure uninterrupted business relations. Your cooperation in this matter is greatly appreciated.

Thank you for your attention to this important matter. Should you have any questions, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]