

# Subcontractor Insurance Coverage Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify the insurance coverage of [Subcontractor's Name], who is engaged in providing services for [Project Name] at [Project Location].

[Subcontractor's Name] holds the following insurance policies:

- General Liability Insurance: Policy Number [Insert Number], Coverage Amount: \$[Insert Amount]
- Workers' Compensation Insurance: Policy Number [Insert Number], Coverage Amount: \$[Insert Amount]
- Professional Liability Insurance: Policy Number [Insert Number], Coverage Amount: \$[Insert Amount]

Please note that the above policies are currently active and valid until [Insert Expiration Date].

If you have any questions or require further information regarding this verification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]