

Insurance Verification Request

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

To: [Subcontractor's Name]

[Subcontractor's Company Name]

[Subcontractor's Address]

[City, State, Zip Code]

Dear [Subcontractor's Name],

We hope this message finds you well. As part of our ongoing efforts to ensure compliance and safety in our projects, we are requesting verification of your current insurance coverage.

Please provide us with the following documentation:

- Certificate of Insurance
- General Liability Insurance Policy
- Workers' Compensation Insurance Policy

These documents are required to confirm your insurance coverage for the duration of our contract, which begins on [Start Date] and ends on [End Date]. Kindly send these documents to us by [Response Deadline].

Thank you for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]