

# Proof of Insurance Submission

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Company Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are submitting the proof of insurance as requested for our subcontractor, [Subcontractor's Name]. Please find the attached Certificate of Insurance which outlines the coverage details.

Insurance Provider: [Insurance Company Name]

Policy Number: [Policy Number]

Coverage Effective Dates: [Start Date] to [End Date]

Types of Coverage: [List Types of Coverage]

If you have any questions or need further information, please do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]