

# Subcontractor Compliance Assessment

Date: [Insert Date]

To:

[Subcontractor Name]

[Subcontractor Address]

[City, State, Zip Code]

Dear [Subcontractor Contact Name],

As part of our ongoing commitment to compliance and quality assurance, we are conducting a compliance assessment of your services as a subcontractor. This assessment is important to ensure that all subcontractors adhere to the established guidelines and maintain the highest standards in their operations.

Please provide the following documents and information by [Insert Due Date]:

- Proof of insurance coverage
- Safety compliance records
- Quality assurance policies
- Any relevant certifications

Failure to submit the requested information by the due date may affect your standing as a subcontractor for our organization.

Should you have any questions or require further clarification, please do not hesitate to reach out to me directly.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]