

Subcontractor Insurance Compliance Confirmation

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Subcontractor's Company Name]

[Subcontractor's Address]

[City, State, Zip Code]

Dear [Subcontractor's Contact Name],

This letter serves to confirm that we have received and reviewed the insurance documentation submitted by your company as a subcontractor for our project [Project Name/Number]. We appreciate your prompt provision of the necessary insurance certificates.

Based on our review, we confirm that your insurance coverage is compliant with our requirements, which include:

- General Liability Insurance: [Coverage Amount]
- Workers' Compensation Insurance: [Coverage Amount]
- Automobile Liability Insurance: [Coverage Amount]

All policies are active and appropriately endorsed to provide coverage for our project. Please ensure that we receive any renewals or changes in a timely manner. Should you have any questions or need further documentation, feel free to contact us.

Thank you for your cooperation and commitment to safety and compliance.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]