

Subcontractor Insurance Details Confirmation

Date: [Insert Date]

To: [Subcontractor Name]

Address: [Subcontractor Address]

Dear [Subcontractor Name],

We are writing to confirm the details of the insurance coverage you maintain for your work as a subcontractor for [Your Company Name]. Please find the details below:

Insurance Details

- **Insurance Provider:** [Insert Provider Name]
- **Policy Number:** [Insert Policy Number]
- **Type of Coverage:** [Insert Coverage Type]
- **Coverage Amount:** [Insert Coverage Amount]
- **Effective Date:** [Insert Effective Date]
- **Expiration Date:** [Insert Expiration Date]

Please ensure that this insurance coverage remains active for the duration of our contract. Should there be any changes to your insurance status, please notify us immediately.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]