

Subcontractor Insurance Validity Check

Date: [Insert Date]

To:

[Subcontractor's Name]

[Subcontractor's Address]

[City, State, Zip Code]

Dear [Subcontractor's Contact Name],

We are writing to request the validation of your insurance coverage as a subcontractor for the project [Project Name / Description]. As part of our compliance and risk management protocol, it is essential for us to ensure that all subcontractors hold valid insurance throughout the duration of the project.

Please provide us with copies of the following documents:

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

These documents should clearly indicate the coverage limits and effective dates. Please submit the requested documents by [Insert Deadline Date] to ensure that your participation in the project continues without interruption.

Should you need any assistance, feel free to contact us at [Your Contact Information]. We appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]