

Insurance Verification Request

Date: [Insert Date]

To:

[Subcontractor's Name]

[Subcontractor's Address]

Dear [Subcontractor's Name],

We hope this message finds you well. As part of our ongoing commitment to maintain a safe and compliant work environment, we are conducting a verification of insurance coverage for our subcontractors.

Please provide the following insurance documents:

- Certificate of Insurance
- General Liability Insurance details
- Workers' Compensation Insurance information

We kindly ask that you submit these documents by [Insert Due Date] to ensure compliance with our contractual obligations.

Thank you for your prompt attention to this matter. Should you have any questions, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]