

Letter of Notification

Date: [Insert Date]

[Supplier Name]

[Supplier Address]

[City, State, Zip Code]

Dear [Supplier Contact Name],

We hope this message finds you well. As part of our ongoing commitment to fostering strong partnerships and ensuring mutual protection, we are writing to inform you about an enhancement to our supplier insurance coverage requirements.

Effective [Insert Effective Date], we will be implementing the following changes in the insurance coverage requirements for all our suppliers:

- Increased liability coverage to [Insert Amount]
- Mandatory workers' compensation coverage
- Additional insured endorsement requirement

Please ensure that your insurance provider adjusts your policy to meet these new requirements by the stated effective date. Failure to comply may affect your standing as a supplier with our company.

If you have any questions or need assistance, please do not hesitate to reach out to us at [Insert Contact Information].

Thank you for your attention to this matter and for your continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]