

# Supplier Insurance Coverage Update Request

Date: [Insert Date]

[Supplier's Name]

[Supplier's Address Line 1]

[Supplier's Address Line 2]

[City, State, Zip Code]

Dear [Supplier's Contact Name],

We hope this message finds you well. As part of our ongoing efforts to ensure that all our partners maintain appropriate insurance coverage, we would like to request an update regarding your current insurance policies.

Specifically, we need information on the following:

- Type of coverage
- Coverage limits
- Policy expiration date
- Certificate of Insurance

Please provide the requested information by [Insert Due Date] to ensure compliance with our requirements. Should you have any questions or need further details, feel free to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[Your Phone Number]

[Your Email Address]