

# Supplier Insurance Policy Verification

Date: [Insert Date]

To: [Supplier Name]

Address: [Supplier Address]

Dear [Supplier Contact Name],

We are writing to request verification of your current insurance policies as part of our ongoing due diligence process. Please provide the following information:

- Type of Insurance: [e.g., General Liability, Workers' Compensation]
- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Expiration Date: [Insert Expiration Date]

Additionally, please attach a copy of your certificate of insurance for our records.

Thank you for your prompt attention to this matter. We look forward to your response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[Your Contact Information]