

Supplier Liability Insurance Update Notification

Date: [Insert Date]

To: [Supplier Name]

From: [Your Company Name]

Dear [Supplier Name],

We hope this message finds you well. As part of our ongoing commitment to maintaining the highest standards of safety and risk management, we are writing to request an update regarding your supplier liability insurance.

As per our agreement, it is essential that all suppliers maintain valid liability insurance coverage. Please provide us with the following information:

- Current policy number
- Name of the insurance provider
- Coverage limits
- Expiration date of the policy

We kindly ask you to submit this information by [Insert Deadline Date] to ensure your compliance with our requirements. If you have any questions or need further information, please do not hesitate to contact us.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]