

# Supplier Proof of Insurance Amendment

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Supplier's Name]

[Supplier's Company Name]

[Supplier's Company Address]

[City, State, Zip Code]

Subject: Amendment to Proof of Insurance

Dear [Supplier's Name],

This letter serves as a formal amendment to the proof of insurance documentation previously submitted on [Original Submission Date].

We request the following changes to be made to your insurance policy:

- Policy Type: [Specify Policy Type]
- Policy Number: [Specify New Policy Number]
- Effective Date: [Specify New Effective Date]
- Coverage Amount: [Specify New Coverage Amount]

Please ensure that all amendments are executed by the appropriate parties and that a copy of the updated proof of insurance is sent to us no later than [Insert Deadline].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]