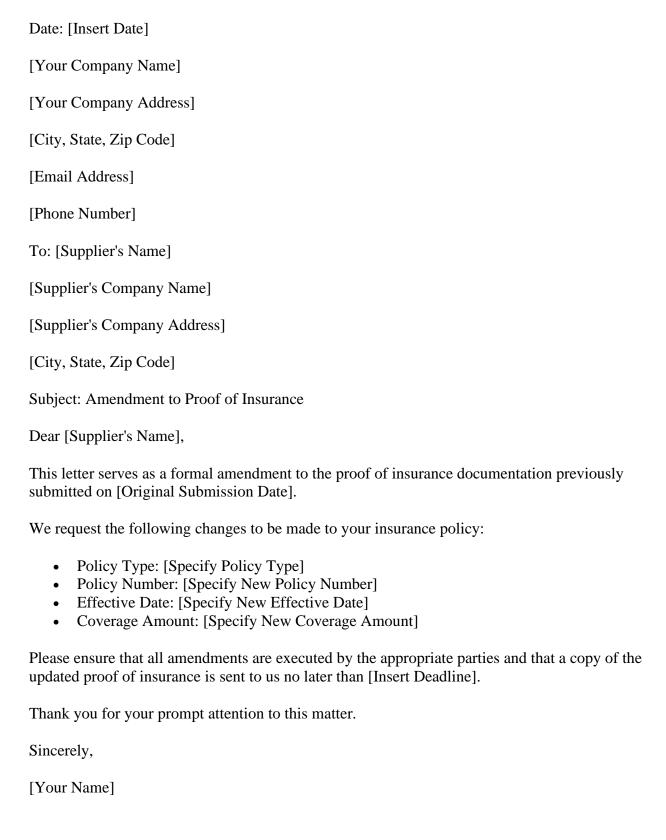
## **Supplier Proof of Insurance Amendment**



[Your Job Title]

[Your Company Name]