

# Supplier Risk Management Insurance Update

Date: [Insert Date]

To: [Supplier Name]

From: [Your Company's Name]

Subject: Update on Your Insurance Coverage

Dear [Supplier Name],

We hope this message finds you well. As part of our ongoing supplier risk management program, we are conducting an update regarding the insurance coverage required for our valued suppliers.

We kindly request that you provide us with the following information regarding your current insurance policies:

- Type of Insurance
- Policy Number
- Effective Dates
- Coverage Limits
- Insurance Provider Contact Information

Please submit the required information by [Insert Deadline Date] to ensure continued compliance with our risk management standards.

If you have any questions or need assistance, feel free to reach out to our team at [Your Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company's Name]

[Your Contact Information]