

Contractor Insurance Policy Compliance Confirmation

Date: [Insert Date]

To: [Contractor's Name]

[Contractor's Address]

[City, State, Zip Code]

Dear [Contractor's Name],

This letter serves as confirmation that we have received and reviewed your contractor insurance policy as required for compliance with our contractual obligations. We understand that you hold the necessary insurance coverage as stipulated in our agreement.

Your current insurance details are as follows:

- Policy Type: [Insert Policy Type]
- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]
- Insurance Provider: [Insert Provider Name]

Please ensure that you maintain this coverage for the duration of our contract. Should there be any changes or updates to your insurance policy, we ask that you notify us immediately.

Thank you for your attention to this matter. We look forward to our continued collaboration.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Company Address]

[City, State, Zip Code]

[Your Contact Information]