

DATE: [Insert Date]

TO: [Producer Name]

PRODUCER ID: [Insert ID Number]

DEPARTMENT: [Insert Department]

RE: Internal Compliance Verification and Documentation Audit

Dear [Producer Name],

As part of our agency's ongoing commitment to regulatory standards and internal quality control, we are conducting a routine compliance verification of all active producers. This review ensures that all licensing, continuing education, and operational procedures align with current state regulations and agency policies.

Please provide or confirm the following documentation by [Insert Deadline Date]:

- **License Status:** Copy of current resident and non-resident insurance licenses.
- **Continuing Education:** Proof of completion for all required CE credits for the current renewal period.
- **E&O Coverage:** Confirmation of inclusion under the agency Error and Omissions policy or proof of individual coverage.
- **Training Modules:** Completion certificates for mandatory Anti-Money Laundering (AML) and Cyber Security training.
- **Disclosure Review:** Updated conflict of interest disclosure form.

Please upload these documents to the [Insert Portal Name/Link] or reply directly to this email with the attachments. Failure to maintain active compliance documentation may result in a temporary suspension of binding authority or commission disbursements.

If you have any questions regarding your current compliance status or the documentation requested, please contact the Compliance Department at [Insert Extension/Email].

Thank you for your prompt attention to this matter and your continued dedication to professional standards.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]

[Compliance Department]