

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

RE: Annual SOC Report Request and Compliance Verification

Dear [Vendor Contact Name],

As part of [Insurance Brokerage Name]'s ongoing vendor management and regulatory compliance program, we require annual verification of the internal controls maintained by our service providers. This process ensures that the security, availability, and confidentiality of the data processed by your organization remain protected.

Please provide the following documentation for the most recent reporting period:

- **SOC Report:** A copy of your latest SOC 1 Type II and/or SOC 2 Type II report.
- **Bridge Letter:** If the current SOC report is more than six months old, please provide a "Bridge" or "Gap" letter signed by management covering the period from the report end date to the present.
- **Complementary User Entity Controls (CUECs):** Documentation outlining any specific controls that [Insurance Brokerage Name] is required to implement to ensure the effectiveness of your control environment.

If a SOC report is not available for the current period, please provide an official statement explaining the reason, along with any alternative independent audit reports or security certifications (e.g., ISO 27001) that demonstrate your control environment.

Please submit these documents to [Email Address/Portal Link] by [Due Date].

Thank you for your prompt attention to this request and for your continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Insurance Brokerage Name]