

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

RE: Approval of General Liability Insurance and Additional Insured Status

Dear [Vendor Contact Name],

We have received and reviewed the Certificate of Insurance (COI) provided by your agency regarding your General Liability coverage for the contract period of [Start Date] to [End Date].

This letter serves as formal notification that your insurance documentation has been approved. We confirm that [Company Name] has been properly named as an Additional Insured on a primary and non-contributory basis, as required by our underlying agreement.

Please ensure that updated certificates are forwarded to our office at least fifteen (15) days prior to the expiration of the current policy to avoid any disruption in services or payments.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]