

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

RE: Notice of Insurance Compliance - Primary and Non-Contributory Requirement

Dear [Vendor Contact Name],

In accordance with the service agreement between [Your Company Name] and [Vendor Name] dated [Contract Date], this letter serves as a formal request for updated proof of insurance compliance.

Please provide a Certificate of Insurance (COI) that explicitly includes the following requirements:

- **Additional Insured:** [Your Company Name] must be named as an Additional Insured on a primary and non-contributory basis for General Liability and Umbrella/Excess Liability policies.
- **Primary and Non-Contributory Language:** The policy must state that the vendor's insurance is primary to any insurance carried by [Your Company Name], and that [Your Company Name]'s insurance will be non-contributory.
- **Waiver of Subrogation:** A Waiver of Subrogation in favor of [Your Company Name] is required on all applicable policies.

Please submit the updated COI and the corresponding policy endorsements to [Email Address/Department] no later than [Due Date]. Failure to provide documentation meeting these specific requirements may result in delayed payments or suspension of services.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]