

Date: [Insert Date]

To: [Vendor Contact Name]

[Vendor Company Name]

[Vendor Address]

Subject: Cybersecurity Risk Assessment Request

Dear [Vendor Contact Name],

As part of [Your Company Name]'s ongoing commitment to data security and regulatory compliance, we are conducting a mandatory cyber risk assessment of all third-party partners who have access to our systems or handle our customers' data.

To ensure the continued integrity of our e-commerce operations, we require you to complete the following actions by [Insert Deadline Date]:

- Complete the attached Security Questionnaire.
- Provide a copy of your most recent SOC2 Type II report or equivalent security certification.
- Provide proof of your Cyber Liability Insurance coverage.
- Confirm your compliance with PCI-DSS standards (if applicable).

The information provided will be treated as strictly confidential and will only be used to evaluate our partnership's security posture. Failure to provide this documentation may result in a formal review of our business agreement.

Please submit the requested documents to [Insert Email Address/Portal Link]. If you have any questions regarding this assessment, please contact our IT Security Team at [Insert Phone Number].

Thank you for your cooperation in maintaining a secure commerce environment.

Best regards,

[Your Name]

[Your Job Title]

[Your Company Name]