[Date]

[Contractor Name]
[Contractor Address]
[City, State, Zip Code]

Subject: Request for Certificate of Insurance with Waiver of Subrogation

Dear [Contact Name],

In accordance with our agreement dated [Contract Date], we require an updated Certificate of Insurance (COI) reflecting your current coverage. Please ensure that the certificate meets the following requirements:

- **Waiver of Subrogation:** A Waiver of Subrogation must be granted in favor of [Your Company Name] on the General Liability, Workers' Compensation, and Umbrella/Excess Liability policies.
- **Additional Insured:** [Your Company Name] must be named as an Additional Insured on a primary and non-contributory basis.
- **Policy Limits:** Coverage limits must meet the minimums specified in our contract.

Please have your insurance broker issue the certificate and send it directly to [Email Address] or mail it to the address listed below:

[Your Company Name]
[Your Mailing Address]
[City, State, Zip Code]

We require this documentation by [Due Date] to ensure compliance and avoid any delays in payment or site access.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]