

[Date]

[Surety Company Name]

[Street Address]

[City, State, Zip Code]

**Subject: Audit Confirmation of Surety Bonds**

To Whom It May Concern,

In connection with an audit of our financial statements, please provide our auditors, [Name of Audit Firm], with the following information regarding all surety bonds issued on behalf of [Company Name] as of [Audit Cut-off Date]:

- Bond Number
- Type of Bond
- Principal Amount/Limit
- Effective Date and Expiration Date
- Beneficiary/Obligee
- Current Status (Open, Closed, or Cancelled)
- Collateral held by the Surety (if any)
- Unpaid premiums or outstanding claims

Please send this information directly to our auditors at the following address:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email Address]

Your prompt attention to this request is appreciated.

Sincerely,

[Authorized Signature]

[Name and Title]

[Company Name]