

[Date]

[Contact Name]

[Vendor Company Name]

[Vendor Address]

[City, State, Zip Code]

**Subject: Initial Compliance and Risk Assessment Request**

Dear [Contact Name],

As part of [Your Company Name]'s standard procurement and risk management procedures, we are conducting a formal compliance assessment of all third-party vendors. This process ensures that our partners adhere to the necessary regulatory, security, and operational standards required to maintain a business relationship with us.

To proceed with our evaluation, please provide the following documentation by [Due Date]:

- Completed Vendor Security Questionnaire (attached)
- Current SOC 2 Type II Report or equivalent audit summary
- Proof of Professional Liability and Cyber Insurance coverage
- Evidence of Data Privacy Policy and GDPR/CCPA compliance (if applicable)
- Business Continuity and Disaster Recovery Plan summaries

Please submit all requested documents via [Submission Method/Portal Link]. If any items are currently unavailable, please provide a brief explanation or an estimated timeline for completion.

The information provided will be kept confidential and used solely for the purpose of this risk assessment. Should you have any questions regarding this request, please contact [Your Name/Department] at [Email Address/Phone Number].

We appreciate your prompt attention to this matter and look forward to our continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]