

[Date]

[Vendor Contact Name]  
[Vendor Company Name]  
[Vendor Address]  
[City, State, Zip Code]

**Subject: Notification of Annual Vendor Risk Assessment**

Dear [Vendor Contact Name],

As part of [Your Company Name]'s ongoing commitment to security and compliance, we conduct an annual risk assessment of our third-party service providers. This process ensures that our partners continue to meet our operational, security, and regulatory requirements.

Your organization has been identified for review for the current calendar year. To complete this assessment, we kindly request that you provide the following documentation:

- Completed Security Questionnaire (attached/linked)
- Current SOC2 Type II Report or equivalent audit summary
- Updated Certificate of Insurance (COI)
- Business Continuity and Disaster Recovery (BCDR) summary

Please submit the requested information via [Submission Method/Portal Link] no later than [Due Date].

Failure to complete this assessment may impact our internal compliance standing and the continuation of our service agreement. If you have any questions regarding this request, please contact our Risk Management team at [Email Address/Phone Number].

Thank you for your prompt attention to this matter and for your continued partnership.

Sincerely,

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