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

[Recipient Name]
[Recipient Title]
[Recipient Company Name]
[Recipient Address]
[City, State, Zip Code]

RE: Evidence of Insurance and Liability Compliance - [Contract/Project Name or Number]

Dear [Recipient Name],

Pursuant to the terms and conditions of the agreement dated [Contract Date] between [Your Company Name] and [Recipient Company Name], please find the enclosed Certificate of Insurance (COI) as evidence of our current insurance coverage.

We confirm that the following insurance policies are in effect and meet the minimum liability requirements specified in our contract:

- **General Liability:** [Policy Number] - [Policy Limit]
- **Automobile Liability:** [Policy Number] - [Policy Limit]
- **Workers' Compensation:** [Policy Number] - [Statutory Limits]
- **Professional/Umbrella Liability:** [Policy Number] - [Policy Limit]

[Recipient Company Name] has been named as an "Additional Insured" as required by the contract. These policies are underwritten by [Insurance Carrier Name], which maintains an A.M. Best rating of [Rating].

We undertake to provide you with notice of any material change, cancellation, or non-renewal of these policies at least [Number] days prior to such change.

Please contact our insurance department at [Phone Number] or [Email Address] should you require any further documentation or clarification regarding our coverage.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]

Enclosure: Certificate of Insurance (COI)