

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

[Vendor Business Name]  
[Vendor Contact Person]  
[Vendor Address]  
[City, State, Zip Code]

**Subject: Request for Insurance and License Verification**

Dear [Vendor Contact Name],

In accordance with our compliance requirements and to ensure our records remain up to date, we require current documentation regarding your business operations. Please provide the following documents for our files:

- **Certificate of Insurance (COI):** Please provide a current certificate showing General Liability, Workers' Compensation, and Professional Liability (if applicable) coverage. Please ensure [Your Company Name] is listed as an "Additionally Insured" party.
- **Business License:** A copy of your active state or local business operating license.
- **Professional Certifications:** Any trade-specific licenses or certifications required to perform the services agreed upon.

Please submit these documents via email to [Email Address] or by mail to the address listed above no later than [Due Date].

Failure to provide updated documentation may result in a delay of payments or the suspension of current work orders. If you have any questions regarding these requirements, please contact [Department/Contact Person] at [Phone Number].

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

Sincerely,

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