

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Subject: Annual Certificate of Liability Insurance Audit

Dear [Vendor Contact Name],

As part of our routine compliance procedures, [Property Management Company Name] is conducting an audit of insurance documentation for all active vendors and contractors.

Our records indicate that the Certificate of Insurance (COI) currently on file for your company has expired or is nearing expiration. To remain an approved vendor and to ensure uninterrupted payment processing, please provide an updated Certificate of Insurance that meets the following requirements:

- **General Liability:** Minimum of \$[Amount] per occurrence.
- **Workers' Compensation:** Statutory limits.
- **Additional Insured:** [Property Name/Management Entity Name] must be listed as an Additional Insured.
- **Certificate Holder:** Should be listed as [Company Name and Address].

Please submit the updated document via email to [Email Address] or upload it to our vendor portal at [URL] no later than [Due Date].

Failure to provide valid proof of insurance may result in the suspension of work orders or a delay in the release of pending payments.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Property Management Company Name]