[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

RE: Notice of Market Withdrawal and Transition of Coverage

Dear [Policyholder Name],

We are writing to inform you that [Current Carrier Name] will be withdrawing from the [State/Region] [Line of Insurance, e.g., Auto/Home] insurance market. As a result, your current policy, number [Policy Number], will not be renewed after its expiration date on [Expiration Date].

To ensure you maintain continuous coverage, we have arranged for your policy to be transitioned to [New Carrier Name]. This new carrier has been selected to provide comparable coverage and service standards.

What this means for you:

- Your current coverage remains in effect until [Expiration Date].
- On [Expiration Date], your new policy with [New Carrier Name] will automatically begin, provided the first premium payment is received.
- You will shortly receive a new policy package from [New Carrier Name] detailing your coverage limits, terms, and updated premium amount.

Action Required:

Please review the upcoming documents from [New Carrier Name] carefully. If you have automatic payments set up, you may need to update your payment information with the new carrier to prevent a lapse in coverage.

If you have any questions regarding this transition or would like to explore other coverage options, please contact your agent at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Sender Name]
[Title]
[Company Name]