[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF AUTO INSURANCE

Policy Number: [Policy Number]
Expiration Date: [Current Policy Expiration Date]

Dear [Insured Name],

We are writing to inform you that [Insurance Company Name] will not be renewing your automobile insurance policy when it expires on [Expiration Date] at 12:01 A.M.

Reason for Non-Renewal:

This decision was made based on the frequency of claims filed under this policy during the current and previous terms. Specifically, the following incidents were reviewed:

- [Date of Loss] - [Description of Claim]
- [Date of Loss] - [Description of Claim]
- [Date of Loss] - [Description of Claim]

Due to the number of claims recorded, your policy no longer meets our underwriting guidelines for renewal.

Your coverage will remain in effect until the expiration date listed above. To avoid a lapse in insurance coverage, we recommend that you begin seeking alternative coverage with another carrier as soon as possible.

If you believe the information regarding your claims history is incorrect, or if you wish to appeal this decision, please contact our Underwriting Department at [Phone Number] or [Email Address].

Thank you for your time and for being a customer.

Sincerely,

[Name of Representative/Underwriter]
[Insurance Company Name]
[Contact Information]