[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]
Policy Period Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

This decision was made based on a significant change in your commercial risk profile. Specifically, the non-renewal is due to the following reason(s):

- [Insert specific reason, e.g., change in business operations, increased loss frequency, or failure to implement required safety improvements].

Your current coverage will remain in effect until the expiration date listed above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection.

If you have any questions regarding this notice or believe the information used to make this decision is incorrect, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]