[Date]

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

RE: Notice of Non-Renewal of Insurance Policy
Policy Number: [Policy Number]
Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Company Name] will not be renewing your insurance policy listed above. Your coverage will terminate on [Expiration Date] at [Time].

This decision is based on our company's regional withdrawal from the [State/Region] market. We are discontinuing this specific line of business in your geographic area and will no longer be providing coverage to any policyholders within this region.

Please note that this non-renewal is not a reflection of your individual claims history or credit standing. It is strictly a strategic business decision regarding our regional operations.

To ensure you maintain continuous insurance coverage, we recommend that you contact an insurance agent or broker immediately to explore alternative options. You may also contact the [State] Department of Insurance for assistance in finding a new carrier.

If you have any questions regarding this notice, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]