[Date]

[Applicant/Member Name]
[Address Line 1]
[Address Line 2]

Subject: Notice of Non-Renewal of [Policy/Membership/Agreement]

Dear [Applicant/Member Name],

This letter serves as formal notification that [Company Name] will not be renewing your [Policy/Membership/Agreement Name], which is scheduled to expire on [Expiration Date].

This decision has been made following a review of your original application dated [Application Date]. It has been determined that the application contained material misrepresentations regarding [briefly state the nature of the misrepresentation, e.g., medical history, prior claims, or property details].

Had the information provided been accurate at the time of application, [Company Name] would not have entered into this agreement under the current terms or at all. Consequently, your coverage/membership will terminate effective [Expiration Date] at [Time].

Please note that any claims or actions occurring after the expiration date will not be covered. We recommend that you seek alternative arrangements immediately to avoid a lapse in coverage.

If you believe this decision has been made in error or if you have additional documentation to provide, you may submit a written appeal to [Department Name] at [Email/Address] by [Deadline Date].

Sincerely,

[Your Name]
[Your Title]
[Company Name]