[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 Type: [Policy Type, e.g., Auto/Home/Life]
Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that the above-referenced insurance policy will expire at 12:01 A.M. on [Expiration Date]. We are writing to formally notify you that [Company Name] will not be renewing your policy beyond this date.

Reason for Non-Renewal:
[Insert specific reason here, e.g., Change in underwriting guidelines / Frequency of claims / Business no longer meets eligibility requirements].

Your coverage will remain in effect until the expiration date and time listed above. To ensure there is no lapse in your insurance protection, we recommend that you contact an insurance agent or another carrier immediately to secure alternative coverage before [Expiration Date].

If you have any questions regarding this notice or wish to discuss this further, please contact our Customer Service Department at [Phone Number] or your agent, [Agent Name], at [Agent Phone Number].

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

Sincerely,

[Name/Signature]
[Title]
[Company Name]