[Date]

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

**RE: NOTICE OF NON-RENEWAL OF PERSONAL UMBRELLA LIABILITY INSURANCE**

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

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Personal Umbrella Liability insurance policy. Your current coverage will terminate effective at 12:01 A.M. on [Policy Expiration Date].

This decision was made for the following reason(s):
[Insert Specific Reason for Non-Renewal, e.g., Change in underwriting guidelines, claims history, or underlying policy cancellation].

To avoid a lapse in your liability protection, we recommend that you contact your insurance agent immediately to secure alternative coverage. This non-renewal of your Umbrella policy may affect the total limit of liability protection you currently hold across all your accounts.

If you believe this decision is based on incorrect information or if you have questions regarding this notice, 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,

[Authorized Representative Name/Signature]
[Insurance Company Name]