[Date]

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

RE: NOTICE OF NON-RENEWAL OF PROFESSIONAL INDEMNITY INSURANCE

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

Dear [Name of Insured/Contact Person],

Please be advised that [Insurance Company Name] will not be offering a renewal of your Professional Indemnity Insurance policy, referenced above, when it expires on [Expiration Date].

Consequently, all coverage provided under this policy will cease at [Time] on [Expiration Date].

This decision has been made due to [Select one: a change in our underwriting appetite / recent claims history / failure to provide requested information / withdrawal from this specific market segment].

As Professional Indemnity insurance is typically written on a "claims-made" basis, we strongly recommend that you arrange alternative coverage immediately to avoid any gap in protection. Any claims or circumstances that could give rise to a claim must be reported to us prior to the expiration date in accordance with the terms of your current policy.

We suggest you contact your insurance broker or agent to assist you in securing coverage with another carrier.

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

Sincerely,

[Underwriter Name/Signature]
[Title]
[Insurance Company Name]