[Date]

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

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]
Policy Type: Inland Marine
Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced Inland Marine insurance policy. Coverage will terminate at 12:01 A.M. on [Expiration Date].

This decision to non-renew is based on the following reason(s):
[Insert specific reason for non-renewal, e.g., loss history, change in risk profile, or withdrawal of product line].

To ensure there is no lapse in your coverage for your mobile equipment, tools, or property in transit, we recommend that you contact your insurance agent or broker immediately to secure alternative coverage with another carrier.

If you have any questions regarding this notice, please contact your agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Name of Authorized Representative]
[Title]
[Insurance Company Name]

CC: [Agent/Broker Name]