[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy referenced above will not be renewed at the end of its current term. Your coverage will officially expire on [Date of Expiration] at [Time].

This decision is the result of changes to our underwriting guidelines and eligibility requirements. Please be advised that this notice is not a reflection of your individual claims history or personal risk profile, but rather a shift in the types of risks our company is currently able to insure.

To ensure you maintain continuous coverage and avoid any lapse in protection, we recommend that you begin seeking alternative insurance through another carrier or an independent agent as soon as possible.

If you have any questions regarding this notice or would like more information regarding the specific underwriting changes, 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 of Signatory]
[Title]
[Company Name]