[Company Header/Logo]

[Date]

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

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Insert Policy Number]
Policy Type: [Insert Policy Type, e.g., Commercial General Liability]
Expiration Date: [Insert Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Expiration Date]. Accordingly, all coverage afforded under this policy will cease at 12:01 A.M. on the expiration date.

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

We recommend that you contact your insurance agent or broker immediately to arrange for replacement coverage to ensure there is no lapse in your protection. 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: [Broker/Agency Name]