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

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Date]

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

RE: Notice of Non-Renewal
Policy Number: [Policy Number]
Vehicle(s): [Year, Make, Model]
Expiration Date: [Date Policy Ends]

Dear [Policyholder Name],

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

This decision was made based on the following reason(s):
[Insert specific reason for non-renewal, e.g., frequency of claims, driving record, or change in underwriting guidelines].

To avoid a lapse in coverage, we recommend that you obtain insurance with another carrier prior to the expiration date listed above. Most states require continuous insurance coverage on registered motor vehicles.

If you believe this decision is based on incorrect information, you have the right to request a review. Please contact our underwriting department at [Phone Number] or submit a written appeal to the address listed at the top of this letter.

Sincerely,

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