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

DATE: [Current Date]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policyholder: [Policyholder Name]
Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Expiration Date: [Date Coverage Ends]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your homeowners insurance policy. Your current coverage will expire at 12:01 A.M. on **[Date Coverage Ends]**.

This decision was made based on the following reason(s):

- [Reason for Non-Renewal, e.g., Condition of roof, Claim history, High-risk area, etc.]

To ensure there is no lapse in your property protection, we recommend that you begin seeking alternative coverage immediately with another insurance carrier. You may also contact your insurance agent to discuss other available options.

If you believe this decision is based on incorrect information or if you have any questions regarding this notice, please contact our Underwriting Department at [Phone Number] or by email at [Email Address].

Sincerely,

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