[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance Policy
Policy Number: [Policy Number]
Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

We are writing to formally notify you that [Company Name] will not be renewing your [Type of Insurance, e.g., Homeowners/Auto] insurance policy when it expires on [Policy Expiration Date]. Coverage under this policy will terminate at 12:01 A.M. on the expiration date listed above.

Reason for Non-Renewal:
This decision was made based on our current underwriting guidelines regarding high-risk profiles. Specifically, the non-renewal is due to: [Insert specific reason, e.g., frequency of claims, property condition, or change in risk classification].

To ensure you maintain continuous insurance coverage, we recommend that you begin seeking alternative coverage immediately. You may wish to contact an independent insurance agent or explore state-mandated high-risk insurance pools (such as the FAIR Plan), if applicable in your state.

If you believe the information used to make this decision is incorrect, or if you have corrected the issues leading to this risk assessment, you have the right to request a review. Please submit any supporting documentation to our underwriting department by [Deadline Date].

Thank you for your previous business with [Company Name].

Sincerely,

[Name/Signature]
[Title]
[Company Name]