DATE: [Insert Date]

TO:
[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Insert Policy Number]
Policy Type: Commercial General Liability
Expiration Date: [Insert Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced Commercial General Liability insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

As a result, your coverage under this policy will terminate effective on the expiration date and time listed above. This notice is being sent in accordance with the terms of your policy and applicable state regulations.

Reason for Non-Renewal:
[Insert reason, e.g., Change in underwriting guidelines / Claim history / Discontinuation of product line]

To avoid a lapse in coverage, we recommend that you contact your insurance agent or broker immediately to arrange for alternative insurance protection with another carrier.

If you have any questions regarding this notice, please contact your agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Your Name/Authorized Representative]
[Title]
[Insurance Company Name]

cc: [Agent/Broker Name]