[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Policy Non-Renewal/Cancellation
Policy Number: [Policy Number]
Carrier: [Insurance Carrier Name]
Expiration Date: [Date of Coverage End]

Dear [Client Name],

We have received formal notification from [Insurance Carrier Name] regarding the upcoming cancellation of your insurance policy effective [Date].

The carrier has indicated that this decision was made based on the claims history associated with your policy during the current term. Specifically, the following incidents were cited in their review:

- [Claim Date / Description]
- [Claim Date / Description]

As your independent agent, our priority is to ensure you maintain continuous coverage. We are currently reviewing other insurance markets to find a replacement policy that fits your needs. However, please be aware that a high frequency of claims may result in higher premiums or more restrictive terms with a new carrier.

Next Steps:

1. We will contact you by [Date] with the alternative options we have identified.
2. Please review your records to ensure all claim information is accurate.
3. Avoid any lapses in coverage, as this can make securing future insurance more difficult.

We value your business and are working diligently to resolve this transition. If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Agent Name]
[Title]
[Agency Name]