

Date: [Date]

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

Subject: Notice of Decision Regarding Renters Insurance Application

Dear [Applicant Name],

Thank you for your recent application for renters insurance with [Insurance Company Name]. We have carefully reviewed your application and the information provided.

Regrettably, we are unable to approve your application for coverage at this time. This decision was based on the following reason(s):

- [Insert Reason: e.g., Claims history, Credit score, Property location, etc.]

If our decision was influenced by information obtained from a consumer reporting agency, you have the right to obtain a free copy of your report from that agency if you request it within 60 days. You also have the right to dispute the accuracy or completeness of any information in the report.

[Agency Name]
[Agency Address]
[Agency Phone Number]

We appreciate your interest in [Insurance Company Name] and encourage you to reapply in the future should your circumstances change.

Sincerely,

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