

[Date]

[Applicant Name]

[Business Name]

[Address Line 1]

[City, State, Zip Code]

RE: Notice of Underwriting Decision - Application for Commercial Auto Insurance

Dear [Applicant Name],

Thank you for submitting your application for commercial automobile insurance with [Insurance Company Name]. After a thorough review of your application and supporting documentation, we regret to inform you that we are unable to provide coverage at this time.

Our decision was based on the following underwriting criteria:

- [Insert Reason: e.g., Loss history/claims frequency]
- [Insert Reason: e.g., Driver motor vehicle records (MVR)]
- [Insert Reason: e.g., Nature of business operations]
- [Insert Reason: e.g., Out of appetite vehicle types]

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

Reporting Agency Information:

[Agency Name]

[Agency Address]

[Agency Phone Number]

We appreciate your interest in [Insurance Company Name] and encourage you to contact your independent insurance agent to explore alternative coverage options through other carriers.

Sincerely,

[Underwriter Name]

[Title]

[Insurance Company Name]