

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Subject: Notice of Decision Regarding Auto Insurance Application

Dear [Applicant Name],

Thank you for submitting your application for automobile insurance with [Insurance Company Name]. We have carefully reviewed your information and the details provided in your application.

After a thorough assessment, we regret to inform you that we are unable to provide you with insurance coverage at this time. This decision was based on our current underwriting guidelines regarding high-risk profiles. Specifically, our decision was influenced by the following factor(s):

- [Reason 1: e.g., Driving record history]
- [Reason 2: e.g., Frequency of previous claims]
- [Reason 3: e.g., Type of vehicle or specialized usage]

If our decision was based in whole or in part on information contained in a consumer report, you have the right to obtain a free copy of that report from the reporting agency if requested within 60 days. You also have the right to dispute the accuracy or completeness of any information in the report directly with the agency listed below:

[Consumer Reporting Agency Name]

[Agency Address]

[Agency Phone Number]

We recommend contacting your state's Department of Insurance or exploring "assigned risk" plans which are specifically designed to provide coverage for drivers who do not meet standard underwriting criteria.

Thank you for your interest in [Insurance Company Name].

Sincerely,

[Underwriter Name or Department]

[Insurance Company Name]

[Contact Information]