

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Expiration Date]. As of 12:01 A.M. on that date, all coverage under this policy will cease.

This decision was reached following a comprehensive review of your policy file. The specific reason for this non-renewal is your severe loss history, which includes the following claims:

- [Date of Loss] - [Description/Amount]
- [Date of Loss] - [Description/Amount]
- [Date of Loss] - [Description/Amount]

Due to the frequency and/or severity of these losses, your risk profile no longer meets our current underwriting guidelines.

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in protection. You may also wish to investigate state-mandated insurance programs if you have difficulty obtaining coverage through the private market.

If you believe the information regarding your loss history is incorrect, or if you have any questions regarding this notice, please contact our underwriting department at [Phone Number].

Sincerely,

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