

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Date of Expiration] at 12:01 A.M. Standard Time.

Reason for Non-Renewal:

This decision was made based on your severe loss history. Specifically, the frequency and/or severity of claims filed under this policy exceed our current underwriting guidelines. Our records indicate the following loss events:

- [Date of Loss] - [Description of Claim] - [Amount Paid]
- [Date of Loss] - [Description of Claim] - [Amount Paid]
- [Date of Loss] - [Description of Claim] - [Amount Paid]

Your current coverage will remain in effect until the expiration date listed above. We recommend that you contact an insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection.

If you believe the information regarding your loss history is incorrect, or if you wish to appeal this decision, please contact our Underwriting Department at [Phone Number] or [Email Address] within [Number] days of receiving this notice.

Thank you for your past business.

Sincerely,

[Authorized Representative Name]

[Title]

[Insurance Company Name]