

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL OF INSURANCE**

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Commercial Auto insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

**Reason for Non-Renewal:**

This decision was made following a review of your policy's claims history. Our underwriting guidelines consider the frequency and severity of claims submitted during the current policy term. Specifically, the number of claims filed has exceeded the acceptable threshold for continued coverage under this program.

Your current coverage will remain in effect until the expiration date listed above. We recommend that you contact an insurance broker or agent immediately to secure alternative coverage to avoid any lapse in protection for your business vehicles.

If you believe the information used to make this decision is incorrect, or if you have questions regarding this notice, please contact our Underwriting Department at [Phone Number] or [Email Address].

Thank you for your business over the past term.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]