

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Property Address: [Insured Property Address]

Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your property insurance policy listed above. Your current coverage will expire at 12:01 A.M. on [Expiration Date], and coverage will cease at that time.

This decision was made following a thorough review of your policy file. The reason for non-renewal is the high frequency of claims filed under this policy during the current and previous terms. Specifically, our underwriting guidelines do not permit renewal when [Number] or more claims have been filed within a [Number]-month period.

We recommend that you begin seeking alternative coverage immediately to ensure there is no lapse in your property protection. You may wish to contact an independent insurance agent to explore other providers or state-mandated insurance programs.

If you believe the claim 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 past business.

Sincerely,

[Sender Name/Signature]

[Title]

[Insurance Company Name]