

[Date]

[Policyholder Name]

[Policyholder 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]. Accordingly, all coverage will cease at 12:01 A.M. on the expiration date.

This decision was made following a comprehensive review of your policy file. The reason for this non-renewal is adverse loss experience. Specifically, the frequency and/or severity of claims filed during the current and preceding policy terms no longer meet our underwriting guidelines for continued coverage.

A summary of the loss history considered in this decision is as follows:

- [Date of Loss] - [Type of Claim] - [Amount Paid/Reserved]
- [Date of Loss] - [Type of Claim] - [Amount Paid/Reserved]

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

If you believe the information used to make this decision is incorrect, or if you wish to appeal this non-renewal, please submit your request in writing to our Underwriting Department at the address listed below within [Number] days of receiving this notice.

Thank you for your past business.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]

[Contact Phone Number]