

[Company Letterhead/Logo]

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Policyholder Name],

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

Your coverage will terminate on the expiration date shown above. We recommend that you contact your insurance agent or broker immediately to arrange for replacement coverage to ensure there is no gap in your protection.

Reason for Non-Renewal:

This decision was made based on our current underwriting guidelines due to your severe loss history. Specifically, the frequency and severity of claims filed during the current and prior policy terms exceed the acceptable risk levels for this program.

Right to Review:

[Insert state-specific language regarding the right to appeal or contact the Department of Insurance, if applicable].

If you have any questions regarding this notice, please contact your insurance agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Authorized Representative Name]

[Title]

[Insurance Company Name]