

DATE: [Insert Date]

TO: [Insert Client Name]
[Insert Client Address]
[Insert City, State, Zip Code]

RE: Notice of Non-Renewal

Policy Number: [Insert Policy Number]
Policy Type: [Insert Type of Insurance]
Expiration Date: [Insert Expiration Date]

Dear [Insert Client Name],

Please be advised that [Insert Agency Name] will not be renewing the above-referenced insurance policy when it expires on [Insert Expiration Date]. Effective 12:01 A.M. on that date, all coverage under this policy will cease.

This decision has been made following a comprehensive review of your policy file. The primary reason for this non-renewal is the excessive loss history associated with the account. Specifically, the frequency and severity of claims recorded during the current and prior policy terms exceed our underwriting guidelines for continued coverage.

We recommend that you contact an alternative insurance provider or broker immediately to secure replacement coverage and avoid any lapse in protection. Your current policy remains in full force until the expiration date listed above, provided all premiums are paid.

If you have any questions regarding this notice or require a copy of your loss runs to provide to a new carrier, please contact our office at [Insert Phone Number].

Sincerely,

[Insert Name]
[Insert Title]
[Insert Agency Name]