

[Company Letterhead/Logo]

[Date]

[Insured Name]

[Attention: Name of Principal/Owner]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Property Location: [Full Address of Insured Property]

Expiration Date: [Current Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the commercial property insurance policy referenced above. Coverage will terminate at 12:01 A.M. on [Expiration Date].

Reason for Non-Renewal:

This decision was made following a comprehensive review of the policy's loss history. The frequency and/or severity of claims filed during the current and preceding policy terms have exceeded our underwriting guidelines for continued coverage.

Specifically, our records indicate the following loss activity:

- [Date of Loss] - [Brief Description of Claim] - [Amount Paid/Reserved]
- [Date of Loss] - [Brief Description of Claim] - [Amount Paid/Reserved]
- [Date of Loss] - [Brief Description of Claim] - [Amount Paid/Reserved]

To avoid a lapse in coverage, we recommend that you contact your insurance agent or broker immediately to seek alternative insurance options. Your agent will be able to assist you in exploring the commercial insurance market or state-mandated FAIR plans if applicable.

If you believe the claim information listed above is incorrect, please contact our underwriting department at [Phone Number] or [Email Address] within [Number] days of receipt of this notice.

Sincerely,

[Signature]

[Name of Underwriter/Authorized Representative]

[Title]

[Insurance Company Name]

CC: [Agent/Broker Name]