

[Insurance Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF PERSONAL AUTO INSURANCE

Policy Number: [Policy Number]
Vehicle(s): [Year, Make, Model]
Expiration Date: [Current Expiration Date]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your personal auto insurance needs. We are writing to inform you that your automobile insurance policy will not be renewed when it expires on [Current Expiration Date] at 12:01 A.M.

Reason for Non-Renewal:

This decision was made following a review of your policy history. Specifically, the non-renewal is due to the frequency of claims filed under this policy within the last [Number] years. Our records indicate the following claim activity:

- [Date of Claim] - [Type of Claim/Description]
- [Date of Claim] - [Type of Claim/Description]
- [Date of Claim] - [Type of Claim/Description]

Your current coverage will remain in effect until the expiration date listed above. We recommend that you begin seeking alternative coverage immediately to ensure there is no lapse in your insurance protection. You may wish to contact an independent agent or research other providers in your area.

If you believe the information regarding your claim history is incorrect, or if you have questions regarding this notice, please contact our Customer Service Department at [Phone Number] or your agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]