

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL**

Policy Number: [Policy Number]

Policy Expiration Date: [Expiration Date]

Dear [Policyholder Name],

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

This decision was made based on an evaluation of your loss history. Specifically, the following factors were considered:

- [List specific claim date and amount]
- [List specific claim date and amount]
- Frequency and/or severity of claims during the current policy term.

Because these losses no longer meet our current underwriting guidelines, we are unable to offer a renewal quote at this time.

To avoid a lapse in coverage, we recommend that you contact an insurance agent or broker immediately to secure alternative insurance with another carrier prior to the expiration date listed above.

If you believe the information regarding your loss history is incorrect, or if you wish to appeal this decision, please contact our Underwriting Department at [Phone Number] or [Email Address].

Thank you for your past business.

Sincerely,

[Authorized Signature]

[Name and Title]

[Insurance Company Name]