

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Insert Date]

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Property Location: [Insert Property Address]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced commercial property insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

Reason for Non-Renewal:

This action is being taken due to a change in our underwriting guidelines regarding [Specific Reason, e.g., Building Age, Occupancy Type, or Geographic Risk Concentration]. Your property no longer meets the current eligibility requirements for this insurance program.

Your coverage will remain in effect until the expiration date listed above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection.

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

Sincerely,

[Underwriter Name/Signature]

[Insurance Company Name]

cc: [Agent/Broker Name]