

DATE: [Current Date]

INSURED: [Policyholder Name]

POLICY NUMBER: [Policy Number]

EXPIRATION DATE: [Policy Expiration Date]

VEHICLE(S): [Year, Make, Model]

NOTICE OF NON-RENEWAL OF PERSONAL AUTO INSURANCE

Dear [Policyholder Name],

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

REASON FOR NON-RENEWAL:

This decision has been made following a mandatory underwriting risk revision. Specifically, your policy no longer meets our current underwriting guidelines due to the following reason(s):

- [Insert specific reason, e.g., frequency of claims, driving record changes, or change in risk profile]

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 used to make this decision is incorrect, or if you wish to appeal this revision, you may submit a written request for review to our Underwriting Department at the address listed below within [Number] days.

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Underwriter Name/Department]

[Insurance Company Name]

[Company Contact Information]