

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF PROFESSIONAL LIABILITY INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Insured Name/Contact Person],

We are writing to formally notify you that [Insurance Company Name] will not be renewing your Professional Liability insurance policy when it expires on [Expiration Date]. Therefore, your coverage will terminate at 12:01 A.M. on the date mentioned above.

Reason for Non-Renewal:

This decision is the result of a corporate underwriting restructure. [Insurance Company Name] has made a strategic decision to withdraw from or reduce its exposure within [Specific Class of Business/Market Segment] to align with our current risk appetite and portfolio objectives. This action is not a reflection of your individual claims history or risk profile.

Next Steps:

To avoid a lapse in professional liability coverage, we recommend that you contact your insurance agent or broker immediately to seek alternative coverage options. It is important to secure a new policy prior to the expiration date to ensure continuous protection for your professional services.

If your current policy is written on a "Claims-Made" basis, please pay particular attention to your "Retroactive Date" and consider the necessity of purchasing an Extended Reporting Period (Tail Coverage) if required.

If you have any questions regarding this notice, please contact your broker, [Broker Name], at [Broker Phone/Email].

Sincerely,

[Underwriter Name/Signature]

[Title]

[Insurance Company Name]

CC: [Broker Agency Name]