

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

We are writing to formally notify you that [Insurance Company Name] will not be renewing your Cyber Insurance policy when it expires on [Policy Expiration Date].

This decision is the result of a change in our company's overall risk appetite regarding specific cyber risk profiles. Please be advised that this non-renewal is based on a strategic shift in our underwriting guidelines and is not necessarily a reflection of your individual claims history or security posture.

Your current coverage will remain in effect until 11:59 PM on [Policy Expiration Date]. To ensure there is no lapse in your protection, we recommend that you contact your insurance broker immediately to explore alternative coverage options with other carriers.

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

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

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]