

[Company Letterhead / Logo]

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]

Policy Period Expiration: [Expiration Date]

Coverage Type: Inland Marine - [Specific Class, e.g., Contractor's Equipment]

Dear [Insured Name],

We appreciate the opportunity to have provided your Inland Marine insurance coverage. This letter serves as formal notification that [Insurance Company Name] will not be renewing the above-referenced policy when it expires on [Expiration Date].

Reason for Non-Renewal:

This decision is based on a shift in our underwriting guidelines regarding [Specific Reason, e.g., specialized heavy equipment / transit risk profile / geographic concentration]. Your current risk profile no longer meets our updated eligibility requirements for this specific line of business.

Important Coverage Information:

Your current coverage will remain in effect until [Time] on [Expiration Date]. After this date, all coverage under this policy will cease. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to prevent any lapse in protection for your assets.

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

Sincerely,

[Underwriter Name / Authorized Signature]

[Title]

[Insurance Company Name]

cc: [Broker/Agency Name]