

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Type: Personal Umbrella Liability
Policy Number: [Policy Number]
Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your insurance needs. We are writing to inform you that we will not be renewing your Personal Umbrella Liability policy when it expires on [Policy Expiration Date].

Reason for Non-Renewal:

This decision is due to a change in our underwriting criteria regarding [Specific Criteria, e.g., underlying liability limits / property location / claims history]. Based on these updated guidelines, your risk profile no longer meets our current eligibility requirements for umbrella coverage.

Your current coverage will remain in effect until 12:01 A.M. on [Policy Expiration Date]. Please be advised that after this time, you will no longer have umbrella liability protection through this company.

To avoid a lapse in coverage, we recommend that you contact your insurance agent or broker immediately to explore alternative insurance options with other carriers.

If you have any questions regarding this notice or would like to discuss this further, please contact our customer service department at [Phone Number].

Sincerely,

[Underwriter Name/Signature]
[Title]
[Company Name]