

[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 Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Business Owners Policy (BOP) when it expires on [Expiration Date] at 12:01 A.M. Your coverage will terminate on this date.

This decision is the result of an underwriting adjustment based on the following reason(s):

- [Insert specific reason, e.g., Change in risk profile/exposure]
- [Insert specific reason, e.g., Loss history/claims frequency]
- [Insert specific reason, e.g., Property condition issues identified during inspection]
- [Insert specific reason, e.g., Business operations no longer meet current eligibility guidelines]

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to avoid any gap in protection. If you believe the information used to reach this decision is incorrect, you have the right to submit a written request for review to our underwriting department.

Thank you for your previous business with [Insurance Company Name].

Sincerely,

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

CC: [Agent Name/Agency]