

DATE: [Date]

INSURED: [Insured Name]

POLICY NUMBER: [Policy Number]

EXPIRATION DATE: [Expiration Date]

RE: NOTICE OF NON-RENEWAL OF COMMERCIAL AUTO INSURANCE

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your Commercial Auto Insurance policy listed above. Your coverage will terminate effective [Expiration Date] at 12:01 A.M. local time.

This decision was reached following a comprehensive underwriting review of your policy. The specific reason(s) for this non-renewal is/are as follows:

- [Insert specific underwriting reason, e.g., loss history, change in risk profile, or failure to comply with safety recommendations]

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your commercial vehicle protection. In many jurisdictions, proof of financial responsibility is required to maintain vehicle registration.

If you believe the information used to make this decision is incorrect, or if you have questions regarding this notice, please contact our Underwriting Department at [Phone Number] or your agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Underwriter Name/Signature]

[Title]

[Insurance Company Name]