

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

[Date]

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

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Expiration Date: [Date Policy Ends]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Date Policy Ends]. As of 12:01 A.M. on that date, all coverage under this policy will cease.

This decision was made following a recent evaluation of the insured property. The reason for non-renewal is the general state of disrepair of the premises, which no longer meets our underwriting guidelines. Specifically, the following conditions were identified:

- [Description of specific issue, e.g., Roof damage/deterioration]
- [Description of specific issue, e.g., Unsafe exterior structures]
- [Description of specific issue, e.g., Debris and lack of maintenance]

To avoid a lapse in coverage, we recommend that you contact your insurance agent immediately to seek alternative insurance options with another carrier. You may also wish to consult your state's FAIR Plan if you are unable to obtain coverage through the voluntary market.

If you have corrected these conditions or believe this information is in error, please submit proof of repairs or contact our underwriting department at [Phone Number] before [Deadline Date].

Sincerely,

[Name of Representative/Underwriter]
[Title]
[Insurance Company Name]