

## NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Insert Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: Notice of Policy Expiration and Non-Renewal

Policy Number: [Insert Policy Number]

Property Address: [Insert Insured Property Address]

Expiration Date: [Insert Date Policy Ends]

Dear [Policyholder Name],

This letter is to formally notify you that your current insurance policy for the property listed above will expire on [Insert Expiration Date] at [Insert Time, e.g., 12:01 AM]. We will not be offering a renewal of this policy.

### **Reason for Non-Renewal:**

This decision was made because the insured premises have been identified as unoccupied. Per the terms and conditions of your policy, the risk profile has changed significantly due to the vacancy of the property, making it ineligible for continued coverage under this specific program.

Your coverage will remain in effect until the expiration date listed above. After that time, all coverage will cease. To avoid a lapse in insurance, we recommend that you immediately seek alternative coverage through another provider or a specialty market that covers vacant or unoccupied properties.

If you have any questions regarding this notice or believe this information is incorrect, please contact your agent or our customer service department at [Insert Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name/Company Name]

[Title]

[Contact Information]