

[Company Name]  
[Underwriting Department]  
[Address]  
[City, State, Zip Code]

[Date]

[Insured 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: [Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Company Name] will not be renewing the above-referenced insurance policy when it expires on [Policy Expiration Date]. Your coverage will terminate at 12:01 A.M. on that date.

This decision was made following a review of your policy by our Underwriting Department. The reason for non-renewal is as follows:

**Extended Property Vacancy:** Our underwriting guidelines do not permit the continued coverage of properties that have remained vacant or unoccupied for a period exceeding [Number of Days] days. This condition represents a material change in risk and an increase in hazard not contemplated at the time the policy was originally issued.

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection. You may be eligible for coverage through a surplus lines carrier or a state FAIR plan specializing in vacant properties.

If you believe the information regarding the occupancy status of your property is incorrect, or if you have recently secured a permanent tenant or moved into the property, please submit proof of occupancy to our office no later than [Date].

Thank you for your prompt attention to this matter.

Sincerely,

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