

Date: [Insert Date]

Policyholder Name: [Insert Name]

Mailing Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Insert Policy Number]

Property Address: [Insert Insured Property Address]

Expiration Date: [Insert Date Policy Ends]

Dear [Insert Policyholder Name],

Please be advised that [Insert Insurance Company Name] will not be renewing the insurance policy referenced above. Your current coverage will expire at 12:01 A.M. on [Insert Expiration Date].

Reason for Non-Renewal:

This decision has been made because the building located at [Insert Property Address] has been identified as unoccupied or vacant. Our current underwriting guidelines do not allow for the continued coverage of buildings that remain unoccupied for more than [Insert Number of Days] consecutive days, as this increases the risk of loss due to vandalism, theft, or undetected water damage.

To avoid a lapse in coverage, we recommend that you contact your insurance agent immediately to seek alternative insurance options specifically designed for vacant or unoccupied properties.

If you believe the information regarding the occupancy status of this building is incorrect, or if the building has since become occupied by a tenant or owner, please provide written documentation to our office prior to [Insert Deadline Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Insert Name/Department]

[Insert Insurance Company Name]

[Insert Phone Number]