

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

[Date]

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

RE: NOTICE OF NON-RENEWAL OF INSURANCE POLICY

Policy Number: [Policy Number]
Property Address: [Vacant Property Address]
Expiration Date: [Current Expiration Date]

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] will not be renewing the insurance policy for the property located at the address listed above. Your current coverage will expire at 12:01 AM on [Expiration Date].

We are unable to offer a renewal for this policy due to the following reason(s):
[Insert reason, e.g., Property has exceeded the maximum allowable vacancy period / Change in underwriting guidelines for vacant risks].

To ensure there is no lapse in coverage, we recommend that you seek alternative insurance for this property immediately. If the occupancy status of the property changes before the expiration date (e.g., the property becomes occupied by a tenant), please notify your agent to see if you qualify for a different policy type.

If you have any questions regarding this notice or wish to discuss this decision, please contact your insurance agent or our customer service department at [Phone Number].

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]