

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Insert Date]

To: [Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Property Location: [Insert Property Address]

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] will not be renewing your commercial property insurance policy listed above. Your coverage will terminate effective at 12:01 A.M. on [Insert Expiration Date].

Reason for Non-Renewal:

This decision is due to a permanent withdrawal from the commercial property insurance market in your geographic area. The company is no longer offering this line of coverage, and this action is not a reflection of your individual claims history or risk profile.

Important Action Required:

To avoid a lapse in coverage, we recommend that you contact your insurance agent or broker immediately to secure alternative insurance with another carrier. Failure to maintain continuous coverage may result in a breach of mortgage or lease requirements and leave your assets unprotected.

If you have any questions regarding this notice, please contact your agent, [Agent Name], at [Agent Phone Number] or contact our customer service department at [Company Phone Number].

Sincerely,

[Authorized Representative Name]

[Title]

[Insurance Company Name]