

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL OF AUTO INSURANCE POLICY**

Policy Number: [Policy Number]

Vehicle(s): [Year, Make, Model]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Company Name] will no longer be providing automobile insurance coverage in the state of [State Name]. As a result of this market withdrawal, your automobile insurance policy will not be renewed and all coverage will terminate on **[Policy Expiration Date] at 12:01 A.M.**

Please be advised that this action is not based on your individual driving record or claims history, but is due to a formal business decision to withdraw from this specific insurance market.

**Important Action Required:**

To avoid a lapse in coverage and to comply with state financial responsibility laws, you must obtain replacement insurance with another carrier prior to [Policy Expiration Date]. A lapse in coverage may result in the suspension of your vehicle registration or driver's license.

We recommend contacting your insurance agent or broker immediately to explore alternative coverage options. You may also contact the [State Name] Department of Insurance for a list of licensed carriers operating in your area.

If you have questions regarding this notice, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Name/Department]

[Insurance Company Name]