

[Date]

[Insured Name]  
[Address Line 1]  
[City, State, Zip Code]

**RE: Notice of Non-Renewal of Professional Liability Insurance**

Policy Number: [Policy Number]  
Expiration Date: [Expiration Date]

Dear [Insured Name],

This letter serves as formal notification that [Current Carrier Name] will not be renewing your Professional Liability Insurance policy when it expires on [Expiration Date].

This decision is due to the carrier's withdrawal from the [State/Market] professional liability market and does not reflect your individual claims history or risk profile.

To ensure you maintain continuous coverage and protect your practice against potential gaps, we have identified the following replacement options for your consideration:

- **Option 1: [New Carrier Name A]**  
Estimated Premium: \$[Amount]  
Key Features: [Brief Feature]
- **Option 2: [New Carrier Name B]**  
Estimated Premium: \$[Amount]  
Key Features: [Brief Feature]

Please note that coverage for "Prior Acts" is critical. We recommend selecting a replacement policy that honors your current Retroactive Date of [Retro Date].

Please contact our office at [Phone Number] or [Email Address] by [Deadline Date] to discuss these options and complete the necessary application forms to avoid a lapse in coverage.

Sincerely,

[Agent Name]  
[Agency Name]