

[Date]

[Insured Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

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

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

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your Workers Compensation insurance policy referenced above. Your coverage will terminate effective at 12:01 A.M. on [Expiration Date].

**Reason for Non-Renewal:**

This action is being taken because [Insurance Company Name] is withdrawing from the Workers Compensation insurance market in your state. This decision is based on a corporate strategic withdrawal and is not a reflection of your individual risk profile or claims history.

**Important Action Required:**

To ensure there is no lapse in your mandatory Workers Compensation coverage, we recommend that you contact your insurance agent or broker immediately to secure replacement coverage with another carrier prior to the expiration date listed above.

Failure to maintain Workers Compensation insurance may result in legal penalties and personal liability for workplace injuries under state law.

If you have any questions regarding this notice, please contact your agent: [Agent Name] at [Agent Phone Number].

Sincerely,

[Name of Authorized Representative]  
[Title]  
[Insurance Company Name]