

[Date]

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

RE: NOTICE OF NON-RENEWAL OF UMBRELLA LIABILITY POLICY

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

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your Personal Umbrella Liability policy, referenced above, beyond its current expiration date of [Expiration Date] at 12:01 A.M.

Reason for Non-Renewal:

This action is being taken because [Insurance Company Name] is withdrawing from the personal umbrella insurance market in your state. This decision is part of a complete market withdrawal and is not a reflection of your individual claim history or credit standing.

Your coverage will remain in effect until the expiration date listed above. However, after that date, your umbrella liability protection will cease. We strongly recommend that you contact your insurance agent immediately to secure replacement coverage to avoid any gaps in your liability protection.

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

Thank you for your business over the past years.

Sincerely,

[Authorized Signature/Name]
[Insurance Company Name]