

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance

Policy Number: [Policy Number]

Policy Type: [Type of Policy, e.g., Homeowners/Auto]

Expiration Date: [Expiration Date]

Dear [Policyholder Name],

We are writing to formally notify you that [Insurance Carrier Name] will not be renewing your insurance policy listed above. Your current coverage will expire at 12:01 A.M. on [Expiration Date].

This decision is the result of a strategic business withdrawal. [Insurance Carrier Name] has made the difficult decision to withdraw from the [State Name] personal lines insurance market and will no longer be offering this type of coverage in your area.

Please note that this non-renewal is not a reflection of your individual claims history or credit profile, but rather a total market departure by the carrier.

Action Required:

To avoid a lapse in coverage, you must obtain insurance with another carrier prior to [Expiration Date]. We recommend contacting your insurance agent immediately to explore alternative coverage options available in the marketplace.

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

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

Sincerely,

[Name/Department]

[Insurance Carrier Name]