

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL**

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Commercial Auto Insurance policy listed above. Your coverage will terminate effective [Expiration Date] at 12:01 A.M. local time.

The reason for this non-renewal is: **Market Exit / Withdrawal from Class of Business.**

The company has made a strategic decision to withdraw from offering this specific line of commercial insurance in your state. This decision is not based on your individual claims history or risk profile, but rather a total exit from this market segment.

To ensure there is no gap in your insurance coverage, we recommend that you contact your insurance agent or broker immediately to secure alternative coverage with another carrier prior to the expiration date noted above.

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

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]