

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL AND WITHDRAWAL FROM LINE OF BUSINESS**

Policy Number: [Policy Number]

Policy Period: [Start Date] to [End Date]

Type of Coverage: Inland Marine

Dear [Insured Name],

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

This decision is being made because [Insurance Company Name] has elected to withdraw from the Inland Marine line of business in the state of [State Name]. This non-renewal is not a reflection of your individual risk profile or loss history, but rather a result of a formal corporate withdrawal from this specific market segment.

To avoid any lapse in coverage for your property or equipment, we recommend that you contact your insurance agent or broker immediately to arrange for alternative coverage with another carrier prior to the expiration date listed above.

If you have any questions regarding this notice, please contact [Department/Agent Name] at [Phone Number].

Sincerely,

[Authorized Representative Name]

[Title]

[Insurance Company Name]

cc: [Broker/Agent Name]