

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Business Owners Policy

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Company Name] will not be renewing your Business Owners Policy (BOP) beyond its current expiration date of [Expiration Date].

This decision is not a reflection of your claims history or business practices. Instead, it is due to a strategic business decision by [Insurance Company Name] to exit the insurance market in your state/region. As a result, we will no longer be offering this type of coverage in your area.

Your current coverage will remain in full force and effect until 12:01 AM on [Expiration Date]. To ensure there is no lapse in your business insurance protection, we recommend that you begin seeking alternative coverage immediately.

If you have an insurance agent or broker, please contact them as soon as possible to discuss your options for replacing this policy with another carrier. If you do not have an agent, you may contact our customer service department at [Phone Number] for assistance or documentation required for your new application.

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

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]