

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Notice of Discontinuation of [Product Line Name]

Dear [Policyholder Name],

We are writing to formally notify you that [Agency Name] will no longer be offering [Product Line Name] effective [Date]. This decision follows a strategic review of our current insurance offerings.

Our records indicate that you currently hold the following policy affected by this change:

- **Policy Type:** [Policy Type]
- **Policy Number:** [Policy Number]
- **Expiration Date:** [Expiration Date]

What this means for you:

Your current coverage will remain in full force until [Expiration Date/Cancellation Date]. No new policies or renewals for this specific product line will be issued after this time. To ensure you maintain continuous coverage, it is important to secure an alternative policy before your current term ends.

Next Steps:

We are committed to assisting you during this transition. We have identified several alternative options that may meet your needs, including [List Alternative Products or Partner Carriers].

An agent from our office will contact you within [Number] days to discuss your options. Alternatively, you may reach us at [Phone Number] or [Email Address] at your earliest convenience.

We value your business and look forward to continuing to serve your other insurance needs.

Sincerely,

[Name/Signature]

[Title]

[Agency Name]