

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

This letter serves as official notification that your [Type of Insurance, e.g., Homeowners/Auto] insurance policy will not be renewed at the end of its current term. Your coverage will expire on [Expiration Date] at 12:01 A.M.

This decision is being made because [Company Name] has elected to discontinue this specific insurance product/program in your area. This non-renewal is not a reflection of your individual claims history or credit standing, but rather a result of a business decision to withdraw this specific coverage type from the market.

To ensure you maintain continuous coverage, we recommend that you begin seeking alternative insurance options immediately. You may wish to contact an independent insurance agent or explore other providers to find a replacement policy before your current coverage expires on [Expiration Date].

If you have any questions regarding this notice or your current policy, please contact our Customer Service Department at [Phone Number] or your insurance agent, [Agent Name], at [Agent Phone Number].

Thank you for your past business.

Sincerely,

[Sender Name/Department]
[Title]
[Company Name]