

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Date]

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

**RE: Notice of Discontinuation of [Policy Name/Type] - Policy Number: [Policy Number]**

Dear [Policyholder Name],

We are writing to formally notify you that [Company Name] has made the decision to discontinue our [Policy Name/Line] insurance products. As a result, your current policy will not be eligible for renewal after its expiration date.

**Your Coverage Details:**

Current Policy Expiration Date: [Date]

Final Date of Coverage: [Date]

Please be assured that your coverage remains in full effect until the expiration date listed above, provided all premium payments are kept up to date. No action is required from you regarding your current term.

**Next Steps:**

To ensure you maintain continuous coverage, we recommend that you begin exploring alternative insurance options before [Date]. [Optional: We have enclosed information regarding our other policy lines that may meet your needs / We recommend contacting your broker to discuss a transition plan.]

If you have any questions regarding this notification or your policy, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for being a valued policyholder. We appreciate your understanding during this transition.

Sincerely,

[Sender Name]  
[Title]  
[Company Name]