

[Company Letterhead/Logo]  
[Sender Address]  
[City, State, Zip Code]  
[Date]

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

**RE: NOTICE OF NON-RENEWAL OF INSURANCE**

Policy Number: [Policy Number]  
Policy Type: [Type of Insurance]  
Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that the above-referenced insurance policy will not be renewed. Coverage will terminate effective at 12:01 A.M. on [Expiration Date].

This action is being taken for the following reason:

**Discontinuation of Commercial Insurance Program:** The insurer has made a strategic decision to withdraw this specific insurance program from the market and will no longer be offering this line of coverage for all policyholders within this class of business.

To avoid any lapse in coverage, we recommend that you contact your insurance agent or broker immediately to seek alternative insurance arrangements. If you are currently working with [Agent Name], they can be reached at [Agent Phone Number] to assist you with this transition.

We appreciate the business you have placed with us and regret that we are unable to continue providing coverage under this program.

Sincerely,

[Authorized Signature]  
[Name of Insurance Company]  
[Contact Department/Phone Number]