

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Non-Renewal for Policy Number: [Policy Number]**

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your insurance needs. We are writing to formally notify you that your [Policy Type] policy will not be renewed when it expires on [Expiration Date].

This decision is due to the permanent retirement of the [Product Name] insurance product. As our company evolves, we periodically discontinue older products to introduce newer coverage options that better align with current market standards and regulatory requirements.

**What this means for you:**

- Your current coverage remains in full effect until 11:59 PM on [Expiration Date].
- No claims occurring after this date will be covered under this policy.
- To ensure you do not experience a lapse in coverage, you will need to obtain a new policy prior to the expiration date.

**Next Steps:**

We value your business and would like to help you transition to one of our current insurance products. We have enclosed information regarding [Alternative Product Name], which offers similar protections. Please contact your agent at [Agent Phone Number] or visit our website at [Website URL] to discuss your options and receive a new quote.

If you have any questions regarding this notice, please contact our Customer Service Department at [Customer Service Phone Number].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]