

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Discontinuation of [Insurance Line/Product Name]

Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Company Name] has made the decision to discontinue our [Name of Insurance Line] insurance product. As a result, we will no longer offer or renew policies under this specific line of business.

What this means for you:

- Your current coverage remains in effect until [Expiration Date].
- Your policy will not be eligible for renewal after the date mentioned above.
- Your coverage will officially terminate at 12:01 AM on [Termination Date].

We recommend that you begin looking for alternative coverage as soon as possible to ensure there is no lapse in your protection. You may wish to contact an independent insurance agent or explore other providers to find a plan that meets your needs.

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

Thank you for being a valued policyholder. We appreciate the opportunity to have served your insurance needs.

Sincerely,

[Name/Department]

[Insurance Company Name]