

[Agency Letterhead/Logo]

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

RE: NOTICE OF PRODUCT WITHDRAWAL AND NON-RENEWAL

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Expiration Date: [Policy Expiration Date]

Dear [Client Name],

We are writing to formally notify you that [Insurance Company Name] has decided to withdraw the [Product Name] from the market. Consequently, your current policy will not be renewed at the end of its term on [Expiration Date].

Please be advised that your coverage will remain in full force until 12:01 A.M. on [Expiration Date]. After this time, all coverage under the aforementioned policy will cease.

As your insurance agency, our priority is to ensure you maintain continuous coverage. We are currently reviewing alternative options available through our other carrier partners. We will contact you shortly with a new proposal to replace your current policy.

If you have recently made changes to your risk profile or have specific requirements for your new policy, please contact us at [Phone Number] or [Email Address] as soon as possible.

Thank you for your continued trust in our agency.

Sincerely,

[Agent Name]

[Agency Name]