

[Date]

[Recipient Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Non-Renewal of Insurance Coverage**

Policy Number: [Policy Number]

Expiration Date: [Current Policy End Date]

Dear [Recipient Name],

We are writing to inform you that [Company Name] will no longer offer the insurance product currently associated with your policy. As a result, your coverage will not be renewed and will expire at 12:01 AM on [Current Policy End Date].

This non-renewal is due to the discontinuation of this specific insurance program and is not a reflection of your individual claims history or eligibility. Because this coverage is being discontinued, we are unable to offer an extension or a renewal of your current policy.

To avoid a lapse in coverage, we recommend that you begin seeking alternative insurance options as soon as possible. You may wish to contact an insurance agent or broker to explore other products that meet your needs.

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

Thank you for your business and for the opportunity to have served your insurance needs.

Sincerely,

[Sender Name/Department]

[Company Name]