

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: Important Notice Regarding Your Insurance Policy [Policy Number]**

Dear [Policyholder Name],

We are writing to inform you that [Company Name] will be discontinuing our [Name of Insurance Product/Plan] insurance product. As a result, we will not be renewing your insurance policy when your current term expires on [Expiration Date].

**Why is this happening?**

This decision was made as part of a strategic change to our product offerings. This notice serves as a formal non-renewal notification in accordance with the terms of your policy and state regulations.

**What does this mean for you?**

Your current coverage remains active and in full effect until 11:59 PM on [Expiration Date]. After this date, your coverage will cease, and you will no longer be insured under this policy.

**What actions should you take?**

- Begin searching for alternative coverage immediately to avoid any lapse in insurance.
- Review the enclosed list of alternative products we offer (if applicable).
- Contact your insurance agent or broker to discuss other options available in the market.

If you have any questions regarding this discontinuation or your current policy, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Name/Signature]  
[Title]  
[Company Name]