

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Policy Termination and Line Discontinuation

Policy Number: [Policy Number]

Effective Date of Termination: [Date]

Dear [Policyholder Name],

We are writing to formally notify you that [Company Name] will be discontinuing its [Name of Insurance Line, e.g., Professional Liability] line of business. As a result of this strategic decision, we are unable to renew your policy.

Your coverage under policy number [Policy Number] will officially terminate at 12:01 AM on [Date]. Coverage will remain in effect until this date, provided all premium payments are kept current.

To ensure uninterrupted protection, we recommend that you contact your insurance broker or agent immediately to secure alternative coverage with another carrier prior to the termination date.

Any unearned premium paid beyond the termination date will be refunded to you via [Method of Refund] within [Number] business days following the effective date.

If you have questions regarding this notice or your current coverage, please contact our Customer Service Department at [Phone Number] or [Email Address].

Thank you for your past business.

Sincerely,

[Name]

[Title]

[Company Name]