

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal - Discontinuation of Insurance Program

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

We are writing to formally notify you that [Insurance Company Name] will not be renewing your insurance policy listed above upon its expiration on [Expiration Date].

This decision is the result of the permanent discontinuation of the [Name of Insurance Program/Product Line] program. Because this specific insurance program is being withdrawn from the market, we are unable to offer a renewal of your current coverage.

Please be advised of the following:

- **Coverage End Date:** Your current coverage will remain in effect until 11:59 PM on [Expiration Date].
- **Action Required:** To avoid a lapse in coverage, you should begin seeking alternative insurance options immediately.
- **Premium Payments:** You are responsible for all premium payments due through the expiration date to keep the policy in force until that time.

If you have any questions regarding this notice or require assistance with your policy details, please contact your insurance agent, [Agent Name], at [Agent Phone Number], or call our customer service department at [Customer Service Phone Number].

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

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]