

[Date]

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

**RE: Notice of Non-Renewal of [Policy/Contract Number]**

Dear [Recipient Name],

Please be advised that [Company Name] will not be renewing your [Type of Agreement/Policy, e.g., Insurance Policy] which is scheduled to expire on [Expiration Date].

This decision has been made due to material misrepresentation regarding information provided during the [Application/Renewal] process. Specifically, the following information was found to be inaccurate or omitted:

[Description of the specific misrepresentation]

Because this information was material to our decision to provide coverage and/or set the terms of our agreement, we are unable to offer a renewal of services.

Your current coverage will remain in effect until [Time] on [Expiration Date]. We recommend that you seek alternative coverage immediately to avoid any lapse.

If you believe this information is in error or have any questions regarding this notice, please contact [Contact Person/Department] at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]  
[Sender Title]  
[Company Name]