

DATE: [Date]

TO:

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Property Address: [Insured Property Address]

Expiration Date: [Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced commercial property insurance policy when it expires on [Expiration Date]. Accordingly, all coverage will cease at 12:01 A.M. on the expiration date listed above.

Reason for Non-Renewal:

This decision has been made due to non-compliance with loss control recommendations. Specifically, the following safety or maintenance improvements requested on [Date of Inspection/Request] were not completed:

- [Description of Recommendation 1]
- [Description of Recommendation 2]
- [Description of Recommendation 3]

Because these hazards have not been addressed, the property no longer meets our underwriting requirements for continued coverage.

We recommend that you contact your insurance agent or broker immediately to arrange for alternative coverage to ensure there is no lapse in your protection. If you believe this decision was made in error or have proof that these items have since been rectified, please submit documentation to our office within [Number] days.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Underwriter]

[Insurance Company Name]

[Phone Number]

cc: [Agent/Broker Name]