

[Date]

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]

Policy Expiration Date: [Expiration Date]

Dear [Insured Name],

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

This decision has been made due to outstanding loss control requirements. Specifically, the following safety recommendations or inspections remain incomplete or unaddressed:

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

Our records indicate that we previously notified you of these requirements on [Date of Previous Notice]. Because these conditions have not been met, the risk no longer meets our underwriting guidelines for renewal.

If you have proof that these requirements have been completed, or if you believe this information is in error, please contact your agent or our underwriting department immediately at [Phone Number].

We recommend that you contact your insurance agent immediately to arrange for alternative coverage to ensure there is no lapse in your protection.

Sincerely,

[Underwriter Name/Department]

[Insurance Company Name]

cc: [Agent Name/Agency]