

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the fleet automobile insurance policy referenced above. Your coverage will terminate effective at 12:01 AM on [Expiration Date].

This decision has been made due to unresolved safety concerns following our recent inspections. Specifically, the following issues remain unaddressed:

- [Description of failed inspection item 1]
- [Description of failed inspection item 2]
- [Description of failed inspection item 3]

Despite previous notifications and requests for remediation, the failure to implement the required safety protocols and vehicle maintenance standards exceeds our current underwriting risk guidelines.

To avoid a lapse in coverage, we recommend that you contact your insurance broker immediately to secure alternative insurance for your fleet before the expiration date. You may be entitled to information regarding this non-renewal under state law; please contact our customer service department at [Phone Number] if you have questions regarding this notice.

Sincerely,

[Name of Underwriter or Representative]

[Title]

[Insurance Company Name]