

[Date]

[Insured Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF BUSINESS OWNERS POLICY

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your Business Owners Policy (BOP) listed above. Your coverage will terminate effective [Expiration Date] at 12:01 A.M. local time.

This decision was made due to unfulfilled risk management mandates. Specifically, our underwriting requirements were not met regarding the following items previously requested:

- [Description of specific mandate, e.g., Installation of a monitored fire alarm system]
- [Description of specific mandate, e.g., Repair of sidewalk trip hazards]
- [Description of specific mandate, e.g., Submission of updated electrical inspection reports]

Because these safety and loss control measures have not been implemented or documented within the required timeframe, your business no longer meets our eligibility guidelines for coverage.

To avoid a lapse in coverage, we recommend that you contact your insurance agent immediately to seek alternative insurance options. You may also wish to complete the aforementioned risk management mandates, as doing so may assist you in obtaining coverage with another carrier.

Please contact [Agent Name] at [Phone Number] if you have any questions regarding this notice.

Sincerely,

[Name of Underwriter/Representative]

[Title]

[Insurance Company Name]