

[Company Header/Logo]

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Expiry Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the Inland Marine coverage policy referenced above. Your current coverage will terminate at 12:01 A.M. on [Expiry Date].

This decision has been made due to the following reason(s):

- Failure to implement mandatory security recommendations and loss control measures as outlined in our correspondence dated [Date of Recommendation Letter].
- Failure to provide proof of [Specific Security Equipment/Protocol, e.g., GPS tracking, alarmed storage, or gated premises].

Our underwriting guidelines require the fulfillment of these safety requirements to mitigate the risks associated with your scheduled property. Because these security improvements were not completed within the requested timeframe, we can no longer provide 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.

Sincerely,

[Authorized Signature]

[Name and Title]

[Insurance Company Name]

cc: [Agent/Broker Name]