

[Company Letterhead]

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF PROFESSIONAL LIABILITY INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Insured Contact Name],

This letter serves as formal notification that [Insurance Company Name] will not be renewing your Professional Liability insurance policy, which is scheduled to expire on [Expiration Date] at 12:01 A.M.

The decision to non-renew is based on a failure to comply with the risk management requirements established during the previous underwriting period. Specifically, the following deficiency was identified:

- **Failure to implement required staff training protocols:** Despite previous notifications dated [Date of Previous Warning/Audit], your firm has not demonstrated the adoption of the mandatory [Specific Training Program Name] protocols intended to mitigate professional errors and omissions.

Due to the absence of these essential risk controls, your firm no longer meets our underwriting guidelines for professional liability coverage.

Your current coverage will remain in effect until the expiration date listed above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to avoid any lapse in protection.

If you have questions regarding this notice or wish to provide proof of completed training for future consideration, please contact your underwriter at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Underwriter/Representative]

[Title]

[Insurance Company Name]

CC: [Broker/Agency Name]