

[Insurance Company Name]
[Billing Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Restaurant Name]
[Property Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE POLICY

Policy Number: [Policy Number]
Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Date of Expiration]. Your coverage will terminate at 12:01 A.M. on this date.

Reason for Non-Renewal:

This decision was made following a recent risk assessment and inspection of the insured premises. Specifically, the kitchen exhaust and ventilation system was found to be in violation of safety standards (NFPA 96). The following hazards were identified:

- Excessive grease accumulation in hoods, ducts, and fans.
- Lack of required semi-annual professional cleaning certification.
- Missing or inaccessible grease filters.
- Failure to address previous safety recommendations regarding the fire suppression system.

Due to the increased risk of fire associated with these kitchen exhaust system violations, we can no longer provide coverage for this property.

We recommend that you contact an independent insurance agent immediately to secure alternative coverage to avoid any lapse in protection. If you take corrective action and provide proof of a professional cleaning and inspection by a certified technician, we may be willing to review a new application in the future, though renewal at this time is not an option.

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

Sincerely,

[Name of Underwriter/Representative]

[Title]

[Insurance Company Name]