

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Project Location: [Construction Site Address]

Expiration Date: [Date of Policy Expiration]

Dear [Policyholder Name],

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

This decision has been made due to ongoing non-compliance with site safety standards and loss control recommendations. Specifically, the following safety concerns were identified:

- [Specific Safety Violation 1]
- [Specific Safety Violation 2]
- [Specific Safety Violation 3]

Despite previous notifications regarding these hazards, the required corrective actions have not been implemented to meet our underwriting requirements for continued coverage.

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in protection for your construction project.

If you have any questions regarding this notice, please contact [Department/Representative Name] at [Phone Number].

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]

cc: [Agent/Broker Name]