

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

[Date]

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

RE: Notice of Non-Renewal of Auto Insurance Policy

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

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your automobile insurance policy, which is scheduled to expire on [Policy Expiration Date] at 12:01 AM.

This decision has been made due to the following reason: **Revocation of Driver's License.**

According to our records, the driver's license for [Name of Driver] has been revoked by the [State] Department of Motor Vehicles. Per our underwriting guidelines, a valid driver's license is a requirement for maintaining coverage under this policy.

Your current coverage will remain in effect until the expiration date listed above. We recommend that you obtain alternative insurance coverage prior to this date to avoid any lapse in protection. Please note that driving a motor vehicle without valid insurance and a valid license is a violation of state law.

If you believe this information regarding the license revocation is incorrect, please provide written documentation from the Department of Motor Vehicles to our office within [Number] days.

If you have any questions regarding this notice, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]