

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]

Expiration Date: [Date of Expiration]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your insurance policy listed above. Your current coverage will terminate on [Expiration Date] at 12:01 A.M.

We are unable to offer a renewal of your policy due to the following reason:

Reason for Non-Renewal: Suspension of driver's license for [Name of Driver] on [Date of Suspension].

Our underwriting guidelines require that all operators of a covered vehicle maintain a valid and active driver's license. Due to the current status of the license, your policy no longer meets our eligibility requirements.

To avoid a lapse in coverage, we recommend that you seek insurance with another carrier as soon as possible. Most states require continuous insurance coverage on registered vehicles.

If you believe this information regarding the license suspension is incorrect, or if you have any questions regarding this notice, please contact your agent or our customer service department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Underwriter/Representative]

[Insurance Company Name]