

Date: [Current Date]

Policyholder Name: [Policyholder Full Name]

Address: [Street Address]

City, State, Zip: [City, State, Zip Code]

Policy Number: [Policy Number]

Vehicle(s) Covered: [Year, Make, Model of Vehicle(s)]

Subject: Notice of Non-Renewal of Automobile Insurance

Dear [Policyholder Name],

This letter is to inform you that [Insurance Company Name] will not be renewing your automobile insurance policy when it expires on [Policy Expiration Date].

Reason for Non-Renewal:

This decision was made based on the loss of driving privileges of [Name of Driver] as of [Date of Suspension/Revocation]. Under our underwriting guidelines, all active drivers listed on a policy must maintain a valid driver's license to remain eligible for coverage.

Important Information Regarding Your Coverage:

- Your current policy and coverage will remain in effect until 12:01 A.M. on [Policy Expiration Date].
- No coverage will be provided by [Insurance Company Name] after the expiration date and time listed above.
- To avoid a lapse in insurance coverage, which may result in legal penalties or difficulty obtaining future insurance, we recommend you seek coverage with another provider immediately.

If you believe your driving privileges have been reinstated, please provide official documentation from the Department of Motor Vehicles (DMV) to our office before [Date 10 days prior to expiration] for reconsideration.

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

Sincerely,

[Underwriter/Representative Name]

[Insurance Company Name]