

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

[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],

This letter is to formally notify you that [Company Name] will not be renewing your automobile insurance policy when it expires on [Date of Expiration]. Coverage will terminate at 12:01 A.M. on that date.

Reason for Non-Renewal:

This action is being taken due to the revocation of the driving privileges of [Name of Driver] as reported by the [State] Department of Motor Vehicles. Our underwriting guidelines require all insured drivers to maintain a valid driver's license.

To avoid a lapse in coverage, we recommend that you begin seeking alternative insurance immediately. You may be eligible for coverage through a high-risk insurance pool or a non-standard insurance carrier.

If you believe the information regarding your driving privilege status is incorrect, please contact your local Department of Motor Vehicles to rectify the records and provide our office with official documentation of your valid status.

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

Sincerely,

[Name of Representative/Underwriter]
[Title]
[Company Name]