

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

[Date]

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

RE: NOTICE OF NON-RENEWAL OF INSURANCE

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

Dear [Policyholder Name],

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

Reason for Non-Renewal:

This decision was made following an underwriting review of your motor vehicle record. Our records indicate that the driver's license status for [Name of Driver] is currently "Revoked." Under our underwriting guidelines, we are unable to provide coverage for individuals with a revoked license status.

To avoid a lapse in coverage, we recommend that you contact an insurance agent or broker immediately to seek alternative insurance options before your current policy expires.

If you believe this information regarding your license status is incorrect, please provide official documentation from the Department of Motor Vehicles (DMV) to our underwriting department as soon as possible.

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

Sincerely,

[Underwriter Name/Signature]
Underwriting Department
[Company Name]