

[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 Automobile Insurance

Policy Number: [Policy Number]
Vehicle(s): [Year, Make, Model]
Expiration Date: [Date Policy Ends]

Dear [Policyholder Name],

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

Coverage will cease on the expiration date and time indicated. We recommend that you obtain replacement coverage prior to this date to avoid a lapse in insurance, which may lead to legal penalties or higher premiums in the future.

Reason for Non-Renewal:

[Insert specific reason here, e.g., frequency of claims, driving record changes, or underwriting guidelines].

If you believe this decision is based on incorrect information, or if you wish to appeal this decision, you may contact our underwriting department at [Phone Number]. You may also have the right to file a complaint with the [State Name] Department of Insurance.

Thank you for the opportunity to have served your insurance needs.

Sincerely,

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