

[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 INSURANCE POLICY

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

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your automobile insurance policy when it expires on [Policy Expiration Date]. Your coverage will terminate at 12:01 A.M. on that date.

Reason for Non-Renewal:

This decision was made based on our underwriting guidelines following a recent conviction for Driving Under the Influence (DUI) involving [Driver Name] on [Date of Conviction/Incident]. This incident has increased the risk profile beyond the acceptable limits of your current policy tier.

Important Information Regarding Your Coverage:

- You are encouraged to seek alternative insurance coverage immediately to avoid any lapse in protection.
- Failure to maintain continuous insurance may result in legal penalties and may make it more difficult to obtain affordable insurance in the future.
- You may be eligible for coverage through a high-risk insurance provider or your state's assigned risk plan if you are unable to find coverage in the voluntary market.

Right to Review:

If you believe the information used to make this decision is incorrect, please contact our underwriting department at [Phone Number] within [Number] days. You may also have the right to file a complaint with the [State Name] Department of Insurance.

Thank you for your past business.

Sincerely,

[Underwriter Name/Department]

[Insurance Company Name]