

[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]  
Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [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 has been made due to an excessive number of at-fault accidents during the current policy term. Specifically, our records indicate the following incidents:

- [Date of Accident 1]: [Brief Description]
- [Date of Accident 2]: [Brief Description]
- [Date of Accident 3]: [Brief Description]

Due to this frequency of loss, your policy no longer meets our underwriting guidelines for continued coverage.

To avoid a lapse in insurance, we recommend that you contact an insurance agent or another carrier immediately to obtain replacement coverage. You may be eligible for coverage through a state-assigned risk plan if you are unable to find insurance through a private carrier.

If you believe the information used to make this decision is incorrect, or if you wish to appeal this non-renewal, please contact our Underwriting Department at [Phone Number] within [Number] days of receiving this letter.

Thank you for your past business.

Sincerely,

[Underwriter Name/Department]  
[Company Name]