

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: Notice of Non-Renewal of Automobile Insurance

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 effective 12:01 AM on that date.

Reason for Non-Renewal:

This decision was made following a review of your driving record and loss history. Based on our underwriting guidelines, you have been classified as a high-risk driver due to the following factors:

- [List specific reason: e.g., Multiple at-fault accidents within X months]
- [List specific reason: e.g., Serious traffic violations/DUI]
- [List specific reason: e.g., Excessive number of moving violations]

Important Information Regarding Your Coverage:

To avoid a lapse in insurance coverage, which may result in legal penalties and difficulty obtaining future insurance, we recommend that you begin shopping for replacement coverage immediately. You may wish to contact an independent agent or look into your state's high-risk automobile insurance plan (often referred to as the "Assigned Risk Pool").

Right to Review:

If you believe the information used to make this decision is incorrect, you have the right to provide additional information or contest this finding. Please contact our underwriting department at [Phone Number] or [Email Address] within [Number] days.

Sincerely,

[Name of Underwriter/Representative]

[Insurance Company Name]

[Company Contact Information]