

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

RE: Notice of Non-Renewal of Insurance Policy

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your automobile insurance policy, number [Policy Number], when it expires on [Expiration Date].

Reason for Non-Renewal:

This decision was made following a review of your driving record. Our records indicate that you have accumulated [Number of Points] points on your driver's license within the last [Time Period]. Under our current underwriting guidelines, this level of point accumulation exceeds the limit for continued coverage.

Coverage Termination:

Your current coverage will remain in effect until 12:01 AM on [Expiration Date]. After this time, your policy will terminate, and you will no longer have insurance coverage through our company.

Action Required:

To avoid a lapse in coverage and potential legal penalties, we recommend that you obtain replacement insurance with another carrier prior to the expiration date listed above. You may also contact your local DMV to verify the points currently listed on your driving record.

If you believe this information is incorrect or if you have questions regarding this notice, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]