

Date: [Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

Policy Number: [Policy Number]

Expiration Date: [Date of Expiration]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Dear [Insured Name],

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

This decision was made based on a review of your driving record, specifically due to the frequency and severity of excessive speeding citations recorded during the current policy term. These violations exceed our underwriting guidelines for continued coverage.

To avoid a lapse in coverage, we recommend that you contact an independent agent or another insurance provider immediately to secure a new policy before your current expiration date.

If you believe the information regarding your driving record is incorrect, you have the right to provide documentation to dispute these findings. Please contact our underwriting department at [Phone Number] if you have questions regarding this notice.

Sincerely,

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