

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Personal Auto 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 [Date] at 12:01 A.M. Your coverage will terminate on that date and time.

Reason for Non-Renewal:

This decision was based on a review of the Motor Vehicle Report (MVR) for [Driver Name], which does not meet our current underwriting guidelines. Specifically, the report indicated the following: [List specific violations, accidents, or point totals].

Fair Credit Reporting Act Disclosure:

Our decision was based in whole or in part on information contained in a consumer report provided by the following agency:

[Consumer Reporting Agency Name]

[Agency Address]

[Agency Phone Number]

The reporting agency did not make the decision to non-renew your policy and is unable to provide specific reasons why the action was taken. You have the right to obtain a free copy of your report from the agency if you request it within 60 days. You also have the right to dispute the accuracy or completeness of any information in the report directly with the agency.

To avoid a lapse in coverage, we recommend that you contact an insurance agent or broker immediately to secure alternative insurance through another provider.

Sincerely,

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