

**Date:** [Insert Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

**Subject: FINAL NOTICE OF POLICY EXPIRATION**

Dear [Policyholder Name],

This letter serves as formal notification that your insurance policy [Policy Number] will expire on [Expiration Date] at 12:01 AM. We will not be offering a renewal of your coverage.

This decision was made following a comprehensive review of your driving history. Specifically, the non-renewal is based on the following factors:

- [Insert specific incident/violation/accident]
- [Insert specific incident/violation/accident]
- [Insert overall risk assessment detail]

Please be advised that your insurance coverage will cease entirely on [Expiration Date]. To avoid a lapse in coverage and potential legal penalties for driving uninsured, we strongly recommend that you secure replacement insurance with another carrier immediately.

If you believe there are errors in your driving record or have questions regarding this notice, please contact our underwriting department at [Phone Number] or [Email Address] before [Date].

Thank you for your past business.

Sincerely,

[Your Name/Representative Name]

[Company Name]

[Department Name]