

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF COMMERCIAL AUTO INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Commercial Auto insurance policy listed above. Your current coverage will expire effective at 12:01 A.M. on [Expiration Date].

Reason for Non-Renewal:

This decision was made due to a history of late premium payments and failure to maintain the payment terms established in your policy agreement.

To ensure there is no gap in your business insurance coverage, we recommend that you contact an insurance agent or broker immediately to secure alternative coverage prior to the expiration date. Operating commercial vehicles without valid insurance is a violation of state law and may result in penalties.

If you believe this notice was sent in error or if you have questions regarding your payment history, please contact our Billing Department at [Phone Number] or [Email Address].

Thank you for your past business.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]