

[Date]

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL OF INSURANCE**

**Policy Number:** [Policy Number]

**Property Address:** [Insured Property Address]

**Expiration Date:** [Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the homeowners insurance policy referenced above. Your current coverage will terminate effective at 12:01 A.M. on [Policy Expiration Date].

**Reason for Non-Renewal:**

This action is being taken due to your chronic history of late premium payments. Specifically, our records indicate that payments were received after the due date on the following instances: [List dates/occasions]. This inconsistent payment history no longer meets our underwriting guidelines.

To avoid a lapse in coverage, we recommend that you contact an insurance agent or broker immediately to secure alternative insurance with another carrier prior to the expiration date listed above.

If you believe the information regarding your payment history is incorrect, or if you have any questions regarding this notice, please contact our Customer Service Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]