

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Current Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your personal auto insurance policy when it expires on [Expiration Date] at 12:01 AM.

Reason for Non-Renewal:

This decision was made based on your payment history during the current policy term. Specifically, our records indicate multiple instances of [late payments / policy cancellations for non-payment / returned checks], which no longer meet our underwriting guidelines.

Your coverage will remain in effect until the expiration date listed above. We recommend that you begin seeking alternative coverage immediately to avoid any lapse in your insurance protection, which may be required by state law.

If you believe the information regarding your payment history is incorrect, or if you wish to appeal this decision, please contact our Customer Service Department at [Phone Number] or submit a written inquiry to [Email Address/Mailing Address] within [Number] days of receiving this notice.

Thank you for your past business.

Sincerely,

[Name/Department]

[Insurance Company Name]