

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Date]

To: [Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Re: Notice of Non-Renewal
Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced commercial property insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

Reason for Non-Renewal: Premium Delinquency. Our records indicate that the premium payments for the current term have not been received in accordance with the agreed payment schedule, resulting in an outstanding balance of \$[Amount].

Your coverage will terminate on the expiration date listed above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your property protection.

If you believe this notice has been sent in error or if you have recently submitted the outstanding payment, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

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

cc: [Agent/Broker Name]