

[Insurance Company Name]
[Address]
[City, State, Zip Code]

[Date]

[Policyholder Name]
[Business Name]
[Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Business Owner's Policy (BOP) beyond the current expiration date listed above. Your coverage will terminate effective 12:01 AM on [Expiration Date].

This decision was made due to the payment history associated with your account, specifically the frequency of late payments and previous notices of cancellation for non-payment. According to our underwriting guidelines, a consistent record of timely premium payments is required to maintain eligibility for coverage.

To ensure your business remains protected and to avoid a lapse in coverage, we recommend that you contact an insurance agent or broker immediately to secure alternative insurance with another provider.

If you believe this decision was made in error or if you have questions regarding your account status, please contact our Billing Department at [Phone Number] or your agent, [Agent Name], at [Agent Phone Number].

Thank you for your past business.

Sincerely,

[Name/Department]
[Insurance Company Name]