

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE POLICY

Policy Number: [Policy Number]

Expiration Date: [Current Expiration Date]

Dear [Recipient Name],

Please be advised that [Insurance Company Name] will not be renewing your insurance policy listed above. Your coverage will terminate effective at [Time] on [Expiration Date].

Reason for Non-Renewal:

This decision has been made due to a significant increase in the hazard risk associated with the insured property/activity. Specifically, our recent evaluation identified the following changes that exceed our underwriting guidelines: [Insert Specific Risk/Hazard Details here, e.g., structural degradation, storage of hazardous materials, or change in property use].

This increase in risk represents a material change that prevents us from continuing coverage under our current terms. To ensure you have continuous protection, we recommend that you seek alternative coverage immediately to avoid any lapse in insurance.

If you believe this decision was based on incorrect information or if you have since mitigated the risks mentioned above, please provide supporting documentation to our office no later than [Date] for further review.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]

[Contact Phone Number]