

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE POLICY

Policy Number: [Policy Number]

Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your insurance policy listed above when it expires on [Expiration Date]. Coverage will terminate at 12:01 AM on the date indicated.

Reason for Non-Renewal:

This decision was made following a recent risk assessment of your property. Our evaluation identified a significant **Hazard Risk Escalation**. Specifically, the following conditions were noted:

- [Describe specific hazard, e.g., roof deterioration, brush clearance issues, or structural risks]

Due to the increased probability of loss associated with these conditions, the risk no longer meets our underwriting guidelines for continued coverage.

Your Next Steps:

We recommend that you contact an insurance agent or broker immediately to secure alternative coverage to avoid any lapse in protection. You may also wish to explore your state's FAIR Plan (Fair Access to Insurance Requirements) if you are unable to find coverage through the voluntary market.

If you have corrected the conditions mentioned above or believe this information is in error, please submit proof of repairs or a professional inspection report to [Email Address/Department] by [Deadline Date] for reconsideration.

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]
[Name and Title]
[Insurance Company Name]