

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Date]

To:

[Insured Name]

[Insured Mailing Address]

[City, State, Zip Code]

Policy Information:

Policy Number: [Policy Number]

Property Location: [Property Address]

Expiration Date: [Current Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Expiration Date]. Accordingly, all coverage under this policy will cease at 12:01 A.M. on the expiration date shown above.

Reason for Non-Renewal:

This decision has been made due to a substantial increase in hazard at the insured premises. Specifically: [Insert detailed description of the change in risk, e.g., change in occupancy, lack of building maintenance, storage of hazardous materials, or failure to comply with safety recommendations].

As a result of this increased risk, the property no longer meets our current underwriting guidelines for commercial property coverage.

We recommend that you contact your insurance agent or broker immediately to arrange for alternative insurance coverage to ensure there is no lapse in your protection.

If you have any questions regarding this notice or believe the information used to make this decision is incorrect, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]

CC: [Agent/Broker Name]