

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

We are writing to formally notify you 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 that date.

This decision was made following a comprehensive review of your policy file. Our underwriting department has determined that your current risk profile no longer meets our eligibility requirements for continued coverage. Specifically, this non-renewal is based on the following factor(s):

- [Insert specific reason, e.g., frequency of claims, change in property condition, or safety violations]

We recommend that you begin seeking replacement coverage immediately to ensure there is no lapse in your protection. You may wish to contact an independent insurance agent to explore alternative options available in the marketplace.

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

Thank you for your past business with [Insurance Company Name].

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]