

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

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

This decision has been made due to the driving record and subsequent uninsurable status of the following driver(s) listed on your policy:

Driver Name: [Name of Uninsurable Driver]

Our underwriting guidelines prohibit the renewal of policies where a covered driver no longer meets our eligibility requirements due to [Reason: e.g., Multiple At-Fault Accidents / Major Traffic Violations / License Suspension].

To avoid a lapse in coverage, we recommend that you seek alternative insurance with another carrier prior to the expiration date. You may be eligible for coverage through a high-risk insurance pool or a state-assigned risk plan if you are unable to find coverage in the private market.

If you believe this decision is based on incorrect information, you have the right to contact us or your state's Department of Insurance to file a dispute.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]