

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE POLICY

Policy Number: [Policy Number]
Expiration Date: [Current Expiration Date]

Dear [Policyholder Name],

Please be advised that [Company Name] will not be renewing your automobile insurance policy when it expires on [Current Expiration Date] at 12:01 A.M. Coverage will terminate on this date and time.

Reason for Non-Renewal:

This decision was made following a review of your driving record. Specifically, the non-renewal is based on [List specific violations, accidents, or point accumulation] recorded during the current policy term. These incidents exceed the underwriting guidelines established by our company for acceptable driving history.

Important Information:

- This notice gives you time to obtain replacement coverage. We recommend you contact an insurance agent or another carrier immediately to avoid a lapse in coverage.
- Failure to maintain continuous automobile insurance may result in legal penalties and higher future premiums.
- You have the right to request a review of this decision by the [State Name] Department of Insurance if you believe this non-renewal violates state regulations.

If you have questions regarding this notice or wish to view the information used in this decision, please contact our customer service department at [Phone Number].

Sincerely,

[Name of Underwriter/Representative]
[Title]
[Company Name]