

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to formally notify you that [Insurance Company Name] will not be renewing your [Type of Insurance, e.g., Auto/Homeowners] insurance policy when it expires on [Policy Expiration Date]. Your coverage will terminate at 12:01 AM on that date.

This decision was made following a review of the household members currently residing at your premises. Specifically, our underwriting guidelines have determined that [Name of Household Member] is considered uninsurable due to [Reason, e.g., driving record / claims history / specific risk factors].

Because this individual has access to the insured [property/vehicle] and does not meet our eligibility requirements, we are unable to continue providing coverage for the household.

To avoid a lapse in coverage, we recommend that you begin seeking alternative insurance immediately. You may be able to obtain coverage through a high-risk insurance pool or a carrier that specializes in non-standard policies.

If you believe this information is incorrect, or if you can provide proof that [Name of Household Member] no longer resides at your address, please contact your agent or our underwriting department at [Phone Number] before [Date].

Thank you for your immediate attention to this matter.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]