

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]

Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your automobile insurance policy when it expires on [Expiration Date]. Your coverage will terminate effective 12:01 AM on that date.

This decision has been made due to the following reason:

Addition of Excluded Driver: It has been determined that [Name of Excluded Driver], a household resident or frequent operator of the insured vehicle(s), does not meet our underwriting requirements. Based on our current company guidelines, we are unable to continue coverage for the policy as long as this individual has access to the insured vehicles, and we are unable to offer a policy with a driver exclusion for this risk profile.

To avoid a lapse in coverage, we recommend that you begin seeking alternative insurance through another provider as soon as possible. You may be eligible for coverage through a high-risk insurance pool or a state-assigned risk plan if you are unable to find private insurance.

If you believe this information is incorrect or if you have any questions regarding this notice, please contact your agent or our customer service department at [Phone Number] within [Number] days.

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]