

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

[Date]

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

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]
Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Company Name] will not be renewing your insurance policy when it expires on [Date of Expiration]. Your coverage will terminate at 12:01 AM on that date.

This decision was made following a review of the driving records associated with your policy. Specifically, the non-renewal is due to the high-risk driving profile of [Name of Driver], which no longer meets our current underwriting guidelines.

The specific reason(s) for this classification include:
[List specific incidents, e.g., Multiple moving violations, At-fault accidents, or DUI/DWI conviction]

To ensure there is no lapse in your insurance coverage, we recommend that you begin seeking alternative insurance immediately. You may wish to contact other carriers or look into your state's high-risk auto insurance pool.

If you believe the information used to make this decision is incorrect, or if you have removed the high-risk driver from your household, please contact our office at [Phone Number] to discuss your options.

Sincerely,

[Agent Name]
[Title]
[Agency Name]