

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Non-Renewal of Insurance Policy**

Policy Number: [Policy Number]

Effective Date of Non-Renewal: [Expiration Date]

Dear [Policyholder Name],

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

This decision was made following your request to add [Driver Name] to your policy. After reviewing the driving history of [Driver Name], we have determined that they do not meet our underwriting guidelines for acceptable risk due to the following reasons:

- [Reason 1: e.g., Multiple moving violations]
- [Reason 2: e.g., Recent DUI/DWI conviction]
- [Reason 3: e.g., History of at-fault accidents]

To avoid a lapse in coverage, we recommend that you begin shopping for a new insurance policy immediately. You may be eligible for coverage through a high-risk insurance provider or your state's assigned risk plan.

If you believe the information used to make this decision is incorrect, you have the right to review your motor vehicle record or consumer report. Please contact [Department/Agency Name] at [Phone Number] to dispute any inaccuracies.

Thank you for your previous business with [Insurance Company Name].

Sincerely,

[Underwriter Name/Signature]

[Insurance Company Name]

[Contact Phone Number]