

Date: [Date]

To: [Insured Name / Business Name]

Address: [Business Address]

Policy Number: [Policy Number]

Subject: NOTICE OF NON-RENEWAL OF COMMERCIAL AUTO INSURANCE

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] will not be renewing your Commercial Auto insurance policy, which is scheduled to expire on [Policy Expiration Date].

Reason for Non-Renewal:

This decision has been made following the request to add [Employee Name] as a covered driver under your policy. Based on a review of the individual's motor vehicle record and our current underwriting guidelines, this employee is considered uninsurable due to [briefly state reason, e.g., major violations, accidents, or license suspension].

Because your business operations now include a driver who does not meet our safety and eligibility requirements, we are unable to continue coverage for your fleet.

Important Information:

- Coverage will remain in effect until 11:59 PM on [Policy Expiration Date].
- To avoid a lapse in coverage, we recommend you seek alternative insurance immediately.
- Failure to maintain insurance may result in the suspension of vehicle registrations or legal penalties.

If you have any questions regarding this notice or wish to provide updated information regarding your drivers, please contact your agent at [Agent Phone Number].

Sincerely,

[Your Name/Authorized Representative]

[Title]

[Insurance Company/Agency Name]