

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Intent Not to Renew Insurance Policy

Policy Number: [Policy Number]

Expiration Date: [Current Expiration Date]

Dear [Policyholder Name],

This letter serves as formal notice that [Insurance Company Name] will not be renewing your insurance policy when it expires on [Expiration Date]. Coverage will cease at 12:01 A.M. on that date.

This decision was made following our recent request for an Uninsurable Driver Endorsement regarding [Driver Name]. Because the requested endorsement to exclude this driver from the policy was not completed or accepted, the overall risk no longer meets our current underwriting guidelines.

Please be advised that you should obtain replacement coverage prior to the expiration date listed above to avoid a lapse in insurance. Your agent, [Agent Name], is available at [Phone Number] to discuss any questions or assist you in exploring other options.

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Underwriter or Representative]

[Title]

[Insurance Company Name]