

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: FINAL NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] will not be renewing your insurance policy listed above. Your current coverage will terminate effective **[Insert Time, e.g., 12:01 AM]** on **[Insert Expiration Date]**.

This decision has been made due to the following reason(s):

- **Uninsurable Operator:** [Name of Operator]
- **Reason for Status:** [Insert Reason, e.g., Driving record, license revocation, or claim history]

Our underwriting guidelines prevent the continuation of coverage for policies that include an operator who does not meet our minimum eligibility requirements. As a result, we are unable to offer a renewal contract.

Please be advised that to avoid a lapse in coverage, you must obtain insurance with another carrier prior to the expiration date mentioned above. Failure to maintain continuous insurance may result in legal penalties and the loss of driving privileges.

If you believe this decision was based on incorrect information regarding the operator's record, please contact your agent or our underwriting department immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Underwriter/Representative]

[Title]

[Insurance Company Name]