

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Policy Number: [Policy Number]

Expiration Date: [Date of Expiration]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your insurance policy listed above. Your coverage will terminate effective at 12:01 A.M. on [Date of Expiration].

This decision was made following a review of your policy in relation to our standard underwriting guidelines. Specifically, the non-renewal is due to the addition of the following driver(s) to your policy: [Driver Name(s)].

Our underwriting guidelines do not permit the continued coverage of this policy based on the following factor(s) regarding the added driver(s):

- [Reason 1: e.g., Driving record/Moving violations]
- [Reason 2: e.g., Loss history/Recent claims]
- [Reason 3: e.g., License status]

To avoid any lapse in coverage, we recommend that you seek alternative insurance with another carrier prior to the expiration date listed above. You may be eligible for coverage through a state-assigned risk plan if you are unable to obtain insurance in the voluntary market.

If you believe the information used to make this decision is incorrect, or if you wish to appeal this non-renewal, please contact our Underwriting Department at [Phone Number] or submit a written request to [Email/Address].

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]