

[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]

Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

This letter is to formally notify 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 A.M. on that date.

This decision was made following your request to add [Name of Proposed Driver] as an additional driver to your policy. Upon reviewing the driving record and risk profile of the proposed driver, it has been determined that they do not meet our current underwriting guidelines for acceptable risk.

Under our Unacceptable Risk Driver Addition Policy, we are unable to continue coverage for the policy as a whole if an ineligible driver is a household resident or regular operator of the insured vehicles.

To avoid a 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 find coverage in the voluntary market.

If you believe the information used to make this decision is incorrect, please contact your agent or our underwriting department at [Phone Number] as soon as possible.

Sincerely,

[Underwriter Name/Signature]

[Insurance Company Name]