

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL OF INSURANCE**

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy. Coverage will terminate at 12:01 A.M. on [Expiration Date].

**Reason for Non-Renewal:**

This decision has been made due to the discovery of prohibited commercial operations being conducted on the premises. Specifically, our underwriting guidelines do not permit [Describe specific activity, e.g., retail sales, manufacturing, or commercial delivery] under this policy type.

To avoid a lapse in coverage, we recommend that you contact your insurance agent immediately to secure a policy that is appropriate for your current business operations.

If you believe this information is incorrect or if the commercial operations have ceased, please contact our underwriting department at [Phone Number] or [Email Address] within [Number] days of this notice.

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]