

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Notice of Non-Renewal of Coverage

Dear [Recipient Name],

This letter serves as formal notification that your [Type of Coverage/Policy Name] with [Company Name] will not be renewed and will expire effective [Expiration Date].

The reason for this non-renewal is a lapse in your supporting agency coverage. Our records indicate that the required primary coverage provided by [Name of Supporting Agency] has lapsed or been terminated. As this supporting coverage is a mandatory prerequisite for maintaining your policy with us, we are unable to offer a renewal at this time.

Please note that your current coverage will remain in effect until [Time] on [Expiration Date]. After this time, all benefits and protections associated with this policy will cease.

To avoid a gap in coverage, we recommend that you immediately contact [Supporting Agency Name] to reinstate your primary policy or seek an alternative provider. If you are able to secure new supporting coverage before your expiration date, please contact our office at [Phone Number] to discuss the possibility of a new application.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Company Name]

[Contact Information]