

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Policy Number]
Policy Type: [Type of Insurance, e.g., Umbrella/Excess]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

Please be advised that we will not be renewing the above-referenced insurance policy when it expires on [Expiration Date]. As of 12:01 A.M. on that date, your coverage will cease and will no longer be in effect.

Reason for Non-Renewal:

The non-renewal of this policy is due to the lapse or cancellation of your supporting underlying policy: [Underlying Policy Number/Type].

Our underwriting guidelines require that a valid primary supporting policy remain in active status to maintain this secondary coverage. Because the required underlying coverage has lapsed for non-payment or was otherwise terminated, we can no longer offer a renewal for this policy.

To avoid a gap in your insurance protection, we recommend that you contact our office immediately at [Phone Number] or speak with your dedicated agent. We may be able to reinstate your coverage if the underlying policy issues are resolved promptly, or we can assist you in finding alternative coverage options.

Thank you for your immediate attention to this matter.

Sincerely,

[Agent Name/Signature]
[Agency Name]