

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Date]

Policy Number: [Umbrella Policy Number]

Expiration Date: [Expiry Date]

Insured:

[Insured Name]

[Insured Address]

[City, State, Zip]

Dear [Insured Name],

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

Reason for Non-Renewal:

This action is being taken due to the lapse or cancellation of your required underlying insurance coverage (Policy Type: [e.g., General Liability/Auto Liability]). As per the terms of your Commercial Umbrella policy, active underlying coverage with specific limits must be maintained at all times to remain eligible for umbrella protection.

Since the underlying coverage is no longer in force or fails to meet the minimum requirements, we can no longer provide excess liability coverage.

If you believe this information is incorrect, or if you have secured new underlying coverage that meets our underwriting guidelines, please have your agent contact us immediately to provide proof of insurance.

We recommend that you contact your insurance agent or broker as soon as possible to arrange for alternative coverage to avoid any gap in protection.

Sincerely,

[Name of Underwriter/Representative]

[Insurance Company Name]

[Contact Phone Number]

CC: [Agent/Broker Name]