

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL

Policy Number: [Primary Policy Number]

Policy Type: [e.g., Homeowners / Umbrella]

Expiration Date: [Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not renew the above-referenced insurance policy when it expires on [Expiration Date]. Consequently, all coverage under this policy will cease at 12:01 A.M. on the expiration date indicated above.

Reason for Non-Renewal:

Failure to maintain required supporting policies. Our underwriting guidelines require that a [Type of Policy, e.g., Auto Policy] be maintained with our agency/company to remain eligible for this coverage. Our records indicate that your supporting policy was cancelled or not renewed on [Date].

To avoid a lapse in coverage, we recommend that you contact your insurance agent immediately to secure replacement insurance with another carrier. If you believe this information is in error or if you have recently reinstated your supporting coverage, please contact us at [Phone Number] prior to the expiration date.

Sincerely,

[Authorized Representative Name]

[Insurance Company/Agency Name]

cc: [Agent Name, if applicable]