

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

[Date]

[Insured Name]  
[Insured Address]  
[City, State, Zip Code]

**RE: NOTICE OF NON-RENEWAL**

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

Dear [Insured Name],

We are writing to formally notify you that your [Policy Type] policy listed above will not be renewed and will expire effective [Expiration Date] at 12:01 A.M.

This decision has been made because the required supporting coverage, specifically your [Type of Supporting Policy, e.g., Auto or Homeowners insurance], is no longer active or has been moved to a different carrier. Our underwriting guidelines require that the supporting primary policies remain in force with this company to maintain eligibility for the [Policy Type] coverage.

As a result of this lapse in supporting coverage, we are unable to offer a renewal of your current policy. To avoid a gap in your protection, we strongly recommend that you secure alternative coverage prior to the expiration date mentioned above.

If you have recently obtained replacement supporting coverage or believe this information is in error, please contact our office immediately at [Phone Number] so we may review your account.

Thank you for your prompt attention to this matter.

Sincerely,

[Agent Name]  
[Agency Name]