

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Insurance Policy

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Expiration Date: [Date of Expiration]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing your [Type of Insurance] policy when it expires on [Date of Expiration]. Coverage will terminate at 12:01 A.M. on that date.

This decision is based on the following reason:

Inactive Companion Policy: Eligibility for this specific policy is contingent upon maintaining an active [Type of Companion Policy, e.g., Auto or Life] policy with our company. As our records indicate that your companion policy is no longer active, you no longer meet the underwriting requirements for this coverage.

We recommend that you contact your insurance agent immediately to explore alternative coverage options to ensure there is no lapse in your protection. If you believe this information is in error, please provide proof of your active companion policy within [Number] days.

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Name of Representative/Underwriter]

[Insurance Company Name]

[Contact Phone Number]