

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Excess Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Insured Name],

This letter serves as formal notice that your Excess Liability insurance policy listed above will not be renewed. Coverage will terminate at 12:01 A.M. on [Policy Expiration Date].

Reason for Non-Renewal:

The non-renewal is due to the lapse or termination of your required underlying primary agency coverage. As a condition of this Excess Liability policy, active primary coverage must be maintained at the minimum limits required by the underwriting guidelines. Our records indicate that your primary coverage with [Name of Primary Carrier] has lapsed, creating an unacceptable gap in the underlying insurance layer.

Please be advised that all liability coverage under this policy will cease as of the expiration date and time mentioned above. We recommend that you contact your insurance agent immediately to secure alternative coverage to avoid any further gaps in protection.

If you believe this information is incorrect or if you have since reinstated your primary coverage, please provide proof of insurance to our office prior to [Deadline Date] for further consideration.

Sincerely,

[Name of Underwriter/Company Representative]

[Insurance Company Name]

[Contact Phone Number]

cc: [Agent/Broker Name]