

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal

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

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Carrier Name] will not be renewing the insurance policy referenced above when it expires on [Expiration Date]. Coverage will terminate at 12:01 A.M. on that date.

Reason for Non-Renewal:

This action is being taken because your account no longer meets our underwriting requirements. Specifically, we require "Supporting Coverage" (such as a [Personal Auto/Umbrella] policy) to be maintained with our company to remain eligible for this primary policy. Our records indicate that your supporting coverage has been cancelled or was not placed with us as required.

Please note that this notice does not impact your current coverage through the expiration date. However, to avoid a lapse in insurance, we recommend that you contact your insurance agent immediately to secure replacement coverage with another provider.

If you have questions regarding this notice or believe you have supporting coverage that has not been credited to your account, please contact us at [Phone Number] or speak with your agent, [Agent Name].

Sincerely,

[Name/Department]

[Insurance Carrier Name]