

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

[Date]

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

RE: Notice of Non-Renewal for Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to formally notify you that your [Type of Coverage, e.g., Umbrella/Excess] insurance policy will not be renewed when it expires on [Expiration Date].

This decision has been made because our records indicate that the required underlying insurance coverage-specifically [Type of Underlying Policy, e.g., Auto/Homeowners]-has been discontinued or is no longer active with a qualifying carrier. As a result, the eligibility requirements for your current policy are no longer being met.

Your coverage under this policy will terminate at 12:01 AM on [Expiration Date].

To avoid a lapse in protection, we recommend that you take the following steps immediately:

- Provide proof of active underlying coverage if our records are incorrect.
- Contact our office at [Phone Number] to discuss alternative insurance options.
- Secure replacement coverage prior to the expiration date listed above.

If you have any questions regarding this notice or wish to provide updated information, please contact your agent as soon as possible.

Sincerely,

[Agent/Agency Representative Name]
[Agency Name]