

[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

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

RE: Notice of Non-Renewal of Agreement - Policy Lapse

Dear [Recipient Name],

This letter serves as formal notification that [Your Company Name] will not be renewing the [Name of Agreement/Contract] currently in place with [Recipient Company Name], which is set to expire on [Expiry Date].

This decision is a direct result of a lapse in the required supporting insurance policy/policies, specifically [Policy Type/Number], which was a mandatory condition for the continuation of our professional relationship. As of [Date of Lapse], we have not received valid proof of renewal or replacement coverage, resulting in a breach of our agreed terms.

Please note the following regarding the conclusion of our agreement:

- All services or obligations will cease effective [Expiry Date].
- Any outstanding deliverables or equipment must be returned by [Date].
- Final invoices must be submitted no later than [Date].

Should you provide verified documentation of the restored policy prior to [Date], we may be open to discussing a new agreement, though renewal of the current contract is no longer an option.

Please acknowledge receipt of this notice.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]