

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: FINAL NOTICE - Non-Renewal of Linked Agency Coverage

Dear [Policyholder Name],

This letter serves as formal and final notification that your insurance coverage under Policy Number [Policy Number], currently linked via [Agency Name], will not be renewed. Your coverage will officially terminate on [Expiration Date] at [Time, e.g., 12:01 AM].

As previously communicated, this decision is based on the following reason(s):

- [Insert Reason: e.g., Termination of Agency Relationship / Underwriting Requirements / Change in Policy Eligibility]

What this means for you:

- Your current policy will remain in effect until the expiration date listed above.
- No coverage will be provided for any incidents occurring after [Expiration Date].
- To avoid a lapse in coverage, you must secure a new policy with another provider prior to the expiration date.

If you have any questions regarding this final notice or require assistance with the transition process, please contact our office at [Phone Number] or [Email Address] immediately.

We thank you for the opportunity to have served your insurance needs.

Sincerely,

[Sender Name]

[Title]

[Company Name]