

**DATE:** [Insert Date]

**INSURED NAME:** [Insert Policyholder Name]

**POLICY NUMBER:** [Insert Policy Number]

**PROPERTY ADDRESS:** [Insert Property Address]

**SUBJECT: NOTICE OF NON-RENEWAL OF INSURANCE**

Dear [Insert Policyholder Name],

Please be advised that [Insert Insurance Company Name] will not be renewing your insurance policy listed above. Your current coverage will expire effective [**Insert Expiration Date**] at 12:01 A.M. Standard Time.

**REASON FOR NON-RENEWAL**

This decision was made following an inspection/review of your property. Our records indicate that the premises sustained fire damage on [Insert Date of Loss]. As of the date of this notice, significant structural damage remains unrepaired. This creates an increase in hazard and does not meet our current underwriting guidelines for continued insurability.

**IMPORTANT NOTICE REGARDING REPLACEMENT COVERAGE**

To avoid a lapse in coverage, we recommend that you contact your insurance agent immediately to seek alternative insurance options. If you have a mortgage on this property, your lender may require proof of new insurance on or before the expiration date noted above.

If you believe this information is incorrect or if the repairs have been completed and certified by a licensed contractor, please provide documentation to our office for reconsideration before [Insert Deadline Date].

Sincerely,

[Insert Name/Department]

[Insert Insurance Company Name]

[Insert Contact Phone Number]