

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Date]

To: [Insured Name]
[Insured Mailing Address]
[City, State, Zip Code]

Policy Number: [Policy Number]
Property Location: [Property Address]
Expiration Date: [Policy Expiration Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced commercial property insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

Reason for Non-Renewal:

This decision has been made due to an unacceptable liability risk. Specifically: [Insert detailed reason, e.g., failure to address required safety repairs, history of frequent claims, or change in business operations]. This risk no longer meets the underwriting guidelines of this company.

Your coverage will terminate on the expiration date and time shown above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection.

If you have questions regarding this notice or believe the information used to make this decision is incorrect, please contact us at [Phone Number].

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]