

NOTICE OF NON-RENEWAL OF INSURANCE

Date: [Insert Date]

To: [General Contractor Name]
[Company Name]
[Street Address]
[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Policy Period Expiration Date: [Insert Expiration Date]

Dear [Name of Contact],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Insert Expiration Date]. Coverage will terminate at 12:01 A.M. on the expiration date listed.

Reason for Non-Renewal:

This decision has been made due to an unacceptable level of liability risk. Specifically, our current underwriting evaluation has determined that the nature of your operations, loss history, or risk profile no longer meets our eligibility requirements for general contractors.

To avoid any lapse in coverage, we recommend that you contact your insurance agent or broker immediately to secure alternative insurance with another carrier. Your current coverage remains in effect until the expiration date, provided all premiums are paid.

If you have any questions regarding this notice or believe any information used in this decision is incorrect, please contact your agent at [Agent Phone Number/Email].

Sincerely,

[Your Name/Department]
[Insurance Company Name]