

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Current Policy Expiration Date]

Dear [Policyholder Name],

This letter is to formally notify you that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Expiration Date]. Coverage will terminate at 12:01 A.M. on that date.

Reason for Non-Renewal:

This decision was made following a comprehensive review of your policy file. The non-renewal is due to an excessive claims history, which represents an unacceptable liability risk according to our current underwriting guidelines. Specifically, our records indicate the following claims activity during the current and/or previous policy periods:

- [Date of Loss] - [Type of Claim] - [Amount Paid/Status]
- [Date of Loss] - [Type of Claim] - [Amount Paid/Status]
- [Date of Loss] - [Type of Claim] - [Amount Paid/Status]

Because of the frequency and nature of these losses, we are no longer able to provide coverage for this risk.

We recommend that you contact an insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection. You may also be eligible for coverage through [State-Specific High-Risk Pool/Fair Plan, if applicable].

If you believe the information regarding your claim history is inaccurate, or if you wish to appeal this decision, please contact our Underwriting Department at [Phone Number] or submit a written request to [Email/Mailing Address] within [Number] days of receiving this notice.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]