

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

RE: NOTICE OF NON-RENEWAL OF PERSONAL AUTO INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

We are writing to inform you that [Insurance Company Name] will not be renewing your personal automobile insurance policy. Your current coverage will expire at 12:01 A.M. on [Date of Expiration].

Reason for Non-Renewal:

This decision has been made based on an assessment of liability risk. Specifically, your current risk profile no longer meets our underwriting guidelines for continued coverage due to [Select one: a high frequency of at-fault claims / the severity of liability losses / a combination of driving record and claim history].

To ensure there is no lapse in your insurance coverage, we recommend that you contact an independent insurance agent or explore alternative carriers as soon as possible. Most states require continuous liability coverage for vehicle registration and operation.

If you believe the information used to make this decision is incorrect, or if you wish to appeal this non-renewal, please contact our Underwriting Department at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative/Department]

[Insurance Company Name]

Note: This notice is sent in accordance with [State Statute/Regulation, if applicable].