

[Insurance Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]
Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Commercial Automobile insurance policy listed above. Your current coverage will terminate effective at 12:01 A.M. on [Policy Expiration Date].

Reason for Non-Renewal:

This decision has been made because your account no longer meets our underwriting guidelines due to an **unacceptable liability risk**. Specifically, this is based on: [Insert detailed reason, e.g., loss history, frequency of at-fault accidents, or driver motor vehicle records].

To avoid a lapse in coverage, we recommend that you contact your insurance agent or broker immediately to secure alternative insurance with another carrier prior to your expiration date.

If you believe this decision was made based on incorrect information, or if you wish to appeal this non-renewal, please submit your request in writing to our Underwriting Department at the address listed above.

Thank you for your past business.

Sincerely,

[Name of Underwriter/Representative]
[Title]
[Insurance Company Name]