

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF PROFESSIONAL LIABILITY INSURANCE

Policy Number: [Policy Number]

Expiration Date: [Expiry Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced Professional Liability insurance policy. Your coverage will terminate effective [Time] on [Expiration Date].

This decision was reached following a comprehensive underwriting review of your file. We have determined that the risk no longer meets our current underwriting guidelines for the following reason(s):

- [Insert Specific Reason: e.g., Unacceptable claims frequency/severity]
- [Insert Specific Reason: e.g., Substantial change in the nature of professional services provided]
- [Insert Specific Reason: e.g., Failure to comply with loss control recommendations]

We recommend that you contact your insurance agent or broker immediately to arrange for replacement coverage to ensure there is no lapse in your professional liability protection.

If your policy is a "Claims-Made" form, please pay particular attention to the provisions regarding the reporting of claims and the availability of an Extended Reporting Period (Tail Coverage).

If you have any questions regarding this notice, please contact [Department/Contact Name] at [Phone Number].

Sincerely,

[Name of Underwriter/Authorized Representative]

[Title]

[Insurance Company Name]

cc: [Agent/Broker Name]