

DATE: [Insert Date]

TO:

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing your Liquor Liability insurance coverage when your current policy expires on [Insert Expiration Date].

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

- [Insert Reason: e.g., History of alcohol-related claims/losses]
- [Insert Reason: e.g., Failure to implement mandatory server training programs]
- [Insert Reason: e.g., Violation of state liquor control regulations]
- [Insert Reason: e.g., Change in business operations or exposure level]

Your current coverage will remain in effect until 12:01 A.M. on [Insert Expiration Date]. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your protection.

If you believe the information used to make this decision is incorrect, or if you wish to provide additional information for our consideration, please contact us at [Insert Phone Number].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]