

Date: [Insert Date]

[Policyholder Name]

[Manufacturing Facility Name]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Dear [Name of Contact Person],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy for [Manufacturing Facility Name]. Your coverage will terminate effective at 12:01 A.M. on [Insert Expiration Date].

Reason for Non-Renewal:

This decision was made following a comprehensive underwriting review of your manufacturing operations. It has been determined that the facility currently presents an unacceptable liability risk. Specifically, this non-renewal is based on the following factors:

- [Insert specific reason, e.g., Frequency or severity of claims]
- [Insert specific reason, e.g., Unsafe machinery or lack of guarding]
- [Insert specific reason, e.g., Failure to implement recommended safety protocols]
- [Insert specific reason, e.g., Handling of hazardous materials beyond policy scope]

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to ensure there is no lapse in your liability protection. Failure to maintain insurance may put your business operations and assets at risk.

If you have any questions regarding this notice or believe the information used in this assessment is incorrect, please contact your agent or our underwriting department at [Phone Number].

Sincerely,

[Your Name/Signature]

[Title]

[Insurance Company Name]

CC: [Agent/Broker Name]