

**DATE:** [Insert Date]

**TO:** [Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

**POLICY NUMBER:** [Insert Policy Number]

**EXPIRATION DATE:** [Insert Expiration Date]

## **NOTICE OF NON-RENEWAL**

Dear [Policyholder Name],

Please be advised that your Commercial Auto insurance policy will not be renewed and will expire effective [Expiration Date] at 12:01 A.M. local time.

This action is being taken due to the following reason(s):

**Failure to Provide Motor Vehicle Records (MVRs):** Our underwriting guidelines require a current Motor Vehicle Record for all listed drivers to evaluate eligibility and risk. Despite previous requests, we have not received the required records for the following driver(s):

- [Driver Name 1]
- [Driver Name 2]

Because we are unable to verify the driving history of all operators, we can no longer offer coverage under this policy.

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

If you have any questions regarding this notice or if you believe this information is in error, please contact our underwriting department at [Phone Number].

Sincerely,

[Underwriter Name/Company Name]

[Department Name]

[Contact Information]