

Date: [Date]

Policyholder Name: [Policyholder Name]

Address: [Street Address]

City, State, Zip: [City, State, Zip]

Policy Number: [Policy Number]

Vehicle(s): [Vehicle Year, Make, and Model]

Subject: NOTICE OF NON-RENEWAL OF PERSONAL AUTO POLICY

Dear [Policyholder Name],

Please be advised that your personal automobile insurance policy listed above will not be renewed at the end of the current policy term. Your coverage will expire on **[Policy Expiration Date]** at 12:01 A.M. local time.

Reason for Non-Renewal:

This decision is due to the failure to provide required proof of mileage for the insured vehicle(s). As previously requested, verified odometer readings or service records were necessary to determine policy eligibility and rating. Because this information was not received by the required deadline, we are unable to renew your coverage.

Important Information Regarding Your Coverage:

- Your current insurance coverage remains in effect until the expiration date and time stated above.
- To avoid a lapse in coverage, which may result in higher premiums or legal penalties, please obtain replacement insurance with another carrier prior to this date.
- If you provide the requested proof of mileage immediately, we may be able to reconsider this non-renewal, though a new application may be required.

If you have questions regarding this notice or would like to submit the missing documentation, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name of Insurance Company]

[Department Name]

[Contact Information]