

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Non-Renewal of Directors and Officers Liability Insurance

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Name of Contact Person or Board of Directors],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced Directors and Officers Liability Insurance policy when it expires on [Expiration Date]. Accordingly, all coverage will cease as of 12:01 A.M. on that date.

This decision has been made due to the following reason(s):

- Failure to provide the required Annual Financial Statements for the fiscal year ending [Date].
- Inability to complete a full underwriting review due to missing financial documentation.

To avoid a lapse in coverage, we recommend that you contact your insurance agent or broker immediately to seek alternative insurance options. If you are able to provide the outstanding financial statements prior to the expiration date, we may be willing to reconsider this non-renewal, though a premium adjustment may apply.

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

Sincerely,

[Authorized Signature]

[Printed Name]

[Title]

[Insurance Company Name]

cc: [Agent/Broker Name]