

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Notice of Non-Renewal
Carrier: [Insurance Carrier Name]
Policy Number: [Policy Number]
Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

We are writing to inform you that we have received a formal notice from [Insurance Carrier Name] stating that they will not be renewing your insurance policy listed above. Your current coverage is scheduled to expire on [Date of Expiration] at 12:01 AM.

The carrier has provided the following reason for this non-renewal:
[Insert Reason Provided by Carrier]

Please be assured that as your independent agent, our priority is to ensure you maintain continuous coverage. We are currently reviewing other insurance markets to find a replacement policy that meets your needs and budget. We will contact you shortly with the options we have identified.

In the meantime, if there have been any recent changes to your property, operations, or contact information, please let us know immediately so we can provide accurate data to potential new carriers.

If you have any questions regarding this notice, please contact our office at [Phone Number] or email [Agent Email Address].

Sincerely,

[Agent Name/Agency Representative]
[Agency Name]