

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

[Date]

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

RE: Notice of Non-Renewal

Policy Number: [Policy Number]
Carrier: [Insurance Company Name]
Expiration Date: [Date of Expiration]

Dear [Policyholder Name],

We have received a formal notice from [Insurance Company Name] stating that they will not be renewing your insurance policy listed above. Your current coverage is scheduled to expire on **[Date of Expiration]**.

Please note that this non-renewal does not necessarily reflect your claims history or credit. Carriers frequently make these decisions based on changes in their underwriting guidelines, geographical exposure, or a decision to withdraw specific products from the market.

As your independent agent, our priority is to ensure you maintain continuous coverage without any gaps. We are currently reviewing options with our other partner carriers to find a replacement policy that meets your needs.

We will contact you shortly with a new quote or to request any updated information needed for the application process. In the meantime, if you have any questions or have recently made improvements to your property that we should know about, please call us at [Phone Number].

Sincerely,

[Agent Name]
[Agency Name]