

[Date]

[Insured Name]

[Attention: Name/Department]

[Mailing Address]

[City, State, Zip Code]

RE: Acknowledgment of Non-Renewal Notice

Policy Type: [Type of Insurance, e.g., General Liability]

Policy Number: [Policy Number]

Carrier: [Insurance Company Name]

Expiration Date: [Date of Expiration]

Dear [Name of Contact],

We have received the formal notice from [Insurance Company Name] stating that they will not be renewing the above-referenced policy when it expires on [Date of Expiration].

The carrier has indicated the following reason for non-renewal: [Reason provided by carrier, e.g., change in underwriting guidelines / claims history / withdrawal from market].

Please be assured that we are currently reviewing the market to secure alternative coverage options for your business. Our goal is to ensure there is no lapse in your insurance protection. We will contact you shortly to discuss replacement quotes and any additional information we may need to complete the applications.

In the meantime, please notify us immediately if there have been any significant changes to your business operations or if you have any questions regarding this notice.

Thank you for your continued business.

Sincerely,

[Agent/Broker Name]

[Agency Name]

[Phone Number]

[Email Address]