

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

[Date]

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

RE: Notice of Non-Renewal

Policy Type: [Policy Type, e.g., General Liability]
Policy Number: [Policy Number]
Insurance Carrier: [Carrier Name]
Expiration Date: [Date of Expiration]

Dear [Insured Name],

We have received formal notification from [Carrier Name] regarding their decision to non-renew the insurance policy referenced above. Based on the notice provided, your current coverage will expire on [Expiration Date] at 12:01 AM.

The reason cited by the carrier for this non-renewal is: [Insert Reason from Carrier Notice].

As your insurance broker, our priority is to ensure you maintain continuous coverage without a lapse. We are currently reviewing the market to identify alternative options and replacement terms for your account. We will contact you shortly to discuss available quotes and any additional information required for the application process.

Please review your records to ensure we have your most recent contact information and updated underwriting data. If there have been any significant changes to your business operations or risk profile recently, please notify us immediately.

Should you have any questions regarding this notice or your upcoming expiration, please contact [Broker Name] at [Phone Number] or [Email Address].

Sincerely,

[Broker Name]
[Title]
[Brokerage Name]