

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

[Date]

[Carrier Name]
[Carrier Underwriting Department Address]
[City, State, Zip Code]

RE: Response to Notice of Non-Renewal
Policyholder: [Policyholder Name]
Policy Number: [Policy Number]
Expiration Date: [Date of Expiration]

To the Underwriting Department,

We are in receipt of the non-renewal declaration letter issued for the above-referenced policy, citing [Reason for Non-Renewal, e.g., claims history/property condition/risk exposure] as the grounds for termination.

On behalf of our mutual client, we respectfully request a formal reconsideration of this decision based on the following information:

- [Correction of Fact: Clarify any inaccuracies in the carrier's data]
- [Remediation: List repairs or safety upgrades made by the client]
- [Mitigation: Explain why the risk is now within acceptable guidelines]

If the non-renewal is mandated by state withdrawal or capacity constraints, please confirm if there are any alternative programs or affiliated companies within your group that may provide a replacement quote.

We value our partnership and look forward to your response regarding whether this non-renewal can be rescinded or if an extension can be granted to allow the client more time to secure alternative coverage.

Sincerely,

[Agent Signature]

[Agent Name]
[Title]