

[Date]

[Agency Name]

[Agent Name/Contact]

[Agency Address]

[City, State, Zip Code]

RE: Acknowledgment of Insurer-Initiated Non-Renewal

Dear [Agent Name],

This letter serves as official acknowledgment regarding the insurer-initiated non-renewal of the following policy(ies):

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

Policy Type: [Line of Business]

Expiration Date: [Expiration Date]

We wish to confirm that [Insurance Company Name] will not be offering a renewal for this policy upon its expiration on the date noted above. The formal notice of non-renewal has been issued to the policyholder in accordance with state regulatory requirements and the terms of the policy contract.

The primary reason for this non-renewal is: [Insert Reason, e.g., Underwriting Guidelines / Claim History / Withdrawal from Market].

As the agent of record, please ensure that the policyholder is aware of this status and assist them in securing alternative coverage to avoid any lapse in protection. Our records indicate that the final date of coverage will be [Date] at [Time].

If you have any questions regarding this action or require additional documentation, please contact the Underwriting Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Underwriter/Representative]

[Title]

[Insurance Company Name]