

[Date]

[Agency Name]

[Agent Name/Contact]

[Agency Address]

[City, State, Zip Code]

RE: Notice of Alternative Coverage - Policy Number: [Policy Number]

Dear [Agent Name],

This letter serves as formal notification that I have secured alternative insurance coverage following the non-renewal notice received for the above-referenced policy, which is set to expire on [Expiration Date].

Please be advised of the following details regarding the new replacement coverage:

- **New Insurance Carrier:** [New Carrier Name]
- **New Policy Number:** [New Policy Number]
- **Effective Date:** [Start Date]

As a result of this new arrangement, please ensure that no further renewal offers or automatic extensions are processed for the expiring policy. I request that you update your records to reflect that coverage has been replaced and that our professional relationship regarding this specific risk is concluded as of the expiration date.

If there are any remaining administrative requirements or final documents needed to close this file, please notify me in writing.

Thank you for your past services.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]