

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

[Client Name]  
[Client Address]  
[City, State, Zip Code]

**RE: Notice of Policy Non-Renewal and Alternative Coverage Options**

**Policy Type:** [Policy Type, e.g., Homeowners/Auto]  
**Policy Number:** [Policy Number]  
**Expiration Date:** [Expiration Date]

Dear [Client Name],

We are writing to inform you that your current insurance policy with [Current Insurance Company] will not be renewed and will expire on [Expiration Date] at 12:01 AM.

This non-renewal is due to [Brief Reason, e.g., carrier withdrawal from market / change in underwriting guidelines]. Please note that this is not a reflection of your individual standing with our agency, and we remain committed to ensuring you have continuous coverage.

As your independent agency, we have proactively searched our network of carriers to find alternative coverage options for you. Based on your current needs, we have identified the following quotes:

- **Option 1:** [Carrier Name] - Estimated Premium: \$[Amount]
- **Option 2:** [Carrier Name] - Estimated Premium: \$[Amount]

To avoid a lapse in coverage, which could result in higher future premiums or legal penalties, we need to finalize your new policy before [Expiration Date].

Please contact us at [Phone Number] or [Email Address] at your earliest convenience to review these options, update any information, and bind your new coverage.

Thank you for trusting [Agency Name] with your insurance needs.

Sincerely,

[Agent Name]  
[Agent Title]  
[Agency Name]