

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Replacement Coverage Options Following Non-Renewal of Policy #[Policy Number]**

Dear [Policyholder Name],

As previously notified, your insurance policy with [Current Company Name] will not be renewed and will expire on [Expiration Date]. We want to ensure you have continuous protection and are aware of the options available to you for replacement coverage.

To avoid a lapse in insurance, we recommend the following steps:

- **Review Market Options:** You may contact our agency at [Phone Number] to discuss alternative carriers that we represent. We can provide quotes for comparable coverage.
- **Independent Agents:** You have the right to seek quotes from other independent insurance agents or brokers.
- **Direct Carriers:** You may contact insurance companies that sell directly to consumers.
- **State Insurance Programs:** If you have difficulty finding coverage in the private market, you may be eligible for your state's FAIR Plan or similar high-risk insurance pool.

When shopping for new coverage, please have your current policy declarations page and your loss history (claims report) ready to ensure accurate quoting.

It is important to secure a new policy before [Expiration Date] to prevent a gap in coverage, which could lead to higher premiums or lack of protection in the event of a loss.

If you have any questions or would like us to begin the quoting process for you, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Agency/Company Name]