

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Notice of Non-Renewal of Services and Coverage Options

Dear [Client Name],

We are writing to formally notify you that [Company Name] will not be renewing your [Type of Service/Policy] agreement when it expires on [Expiration Date].

This decision is the result of [Brief Reason, e.g., changes in our service offerings / policy updates / market shifts] and does not reflect our appreciation for your business over the past [Number] years.

To ensure you maintain continuous coverage and support, we have identified the following substitute options for your consideration:

- **Option 1: [Provider Name]** - [Brief description of service and contact information].
- **Option 2: [Provider Name]** - [Brief description of service and contact information].
- **Option 3: [Provider Name]** - [Brief description of service and contact information].

Your current coverage remains fully active until [Expiration Date]. We recommend securing a new arrangement prior to this date to avoid any lapse in service. We are happy to coordinate the transfer of any necessary files or records to your new provider upon your written request.

If you have any questions regarding this transition or need further assistance with the options provided, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Thank you for the opportunity to have served you.

Sincerely,

[Your Name]

[Your Title]

[Company Name]