

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Alternative Insurance Solutions for Policy [Policy Number]

Dear [Recipient Name],

Following the recent notice regarding the non-renewal of your insurance policy effective [Date], we want to assist you in maintaining continuous coverage. We understand that finding new insurance can be a priority, and we have identified several alternative solutions for your consideration.

Based on your current needs, we recommend the following options:

- **Option 1: [Company Name/Plan Type]** - [Brief description of coverage benefits].
- **Option 2: [Company Name/Plan Type]** - [Brief description of coverage benefits].
- **State-Mandated Programs:** If private market options are limited, you may be eligible for coverage through the [State FAIR Plan / High-Risk Pool].

To ensure you do not experience a gap in coverage, we suggest taking the following steps immediately:

1. Review the attached quotes and coverage summaries.
2. Contact our office at [Phone Number] to discuss which option best fits your budget.
3. Complete the application process for your chosen alternative before [Policy Expiration Date].

Our team is available to answer any questions and help you navigate this transition. Please reach out to us at your earliest convenience.

Sincerely,

[Your Name/Agency Name]

[Contact Information]

[License Number, if applicable]