[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: NOTICE OF INTENT TO TERMINATE AUTO INSURANCE POLICY

Dear [Policyholder Name],

Policy Number: [Policy Number]

This letter is to formally notify you that [Insurance Company Name] is reviewing your automobile insurance policy for termination. Based on our recent evaluation, your account has been classified as high-risk.

The decision to issue this warning is based on the following factors:

- [Reason 1: e.g., Multiple at-fault accidents]
- [Reason 2: e.g., Serious traffic violations/DUI]
- [Reason 3: e.g., Frequent filing of claims]

Under the terms of your policy agreement, we reserve the right to cancel or non-renew coverage if the risk profile exceeds our underwriting guidelines. Unless immediate corrective action is taken or specific conditions are met, your coverage will officially terminate on **[Termination Date]**.

To prevent the termination of your policy, you must:

[Action Required: e.g., Provide proof of completion of a defensive driving course / Pay outstanding surcharges].

Please be advised that a lapse in insurance coverage may lead to legal penalties, vehicle registration suspension, and significantly higher premiums with other carriers. We encourage you to contact your agent at [Phone Number] before [Deadline Date] to discuss your options.

Sincerely,

[Name of Underwriter/Representative]
[Insurance Company Name]
[Department Name]