

# Non-Renewal of Insurance Policy

Date: [Insert Date]

[Your Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We would like to inform you that your insurance policy (Policy Number: [Insert Policy Number]), which is set to expire on [Insert Expiration Date], will not be renewed. This decision is in accordance with the terms stated in your policy agreement.

Please be assured that we appreciate your business and are here to assist you with any questions you may have regarding this decision. We recommend that you start looking for alternative insurance coverage to ensure that you maintain the necessary protection.

If you have any questions or need further clarification, please feel free to contact us at [Insert Contact Number] or [Insert Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Your Insurance Company Name]