

Insurance Non-Renewal Notification

Sender's Name

Sender's Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Recipient's Name

Recipient's Address
City, State, Zip Code

Dear [Recipient's Name],

We regret to inform you that your insurance policy with us, policy number [Policy Number], will not be renewed upon its expiration on [Expiration Date]. This decision has been made due to [brief reason for non-renewal, e.g., claims history, underwriting reasons, etc.].

Please ensure that you secure alternative coverage before the expiration date to avoid any lapse in insurance coverage. If you have questions or need further clarification regarding this decision, feel free to contact us at [Contact Information].

We appreciate your understanding in this matter.

Sincerely,
[Sender's Name]
[Title/Position]
[Company Name]