

# Non-Renewal Confirmation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

Subject: Non-Renewal Confirmation for Policy #[Policy Number]

I am writing to formally confirm the non-renewal of my insurance coverage under policy number [Policy Number], effective [Policy Expiration Date]. I have decided to explore other insurance options that better fit my current needs.

Thank you for the service provided during the term of my policy. Please confirm the receipt of this letter and the non-renewal of my coverage.

If you have any further questions, please feel free to reach out to me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]