

Notification of Insurance Non-Renewal

Date: [Insert Date]

To: [Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are writing to inform you that your insurance policy number [Policy Number] will not be renewed upon its expiration on [Expiration Date]. This decision has been made after careful consideration and is based on [brief reason for non-renewal, e.g., claims history, underwriting guidelines].

Please take note of the following important details:

- Policy Expiration Date: [Expiration Date]
- Effective Date of Non-Renewal: [Date]
- Final Coverage Date: [Final Coverage Date]

You are encouraged to seek alternative coverage prior to the expiration date to ensure continuous protection.

If you have any questions regarding this decision, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]