

SAMPLE NONRENEWAL NOTICE

<COMPANY NAME AND ADDRESS>

NOTICE OF NONRENEWAL OF INSURANCE

<Named Insured>
<Mailing Address>

Producer Code:
<Producer's Name>
<Mailing Address>
<Telephone Number>

Policy Number:
Type of Policy:
Date of Expiration:
Time: 12:01 A.M.

You are hereby notified in accordance with the terms and conditions of the above-mentioned policy, and in accordance with law, that the above-mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

Reason for Nonrenewal: (Name of Company) can no longer continue your <type of policy> insurance because <provide reason(s) for the insurer's action>. To implement this plan, the (Name of Company) has submitted a block nonrenewal plan to the New Jersey Department of Banking and Insurance (Department) as required by N.J.A.C. 11:1-22. The Department has issued a letter acknowledging the Company's plan. This notice of nonrenewal is required by state insurance law.

PLEASE BE ADVISED THAT THIS NONRENEWAL IS BASED ON A BUSINESS DECISION BY THE COMPANY AND IS NOT INTENDED TO REFLECT NEGATIVELY ON YOUR INSURABILITY.

You should contact your producer concerning coverage through another insurer or your eligibility for coverage through <if applicable, provide information on any residual market. Provide name of the residual market, address and phone number>.

For information that will assist you in shopping for coverage, you may contact the New Jersey Department of Banking and Insurance at 1-800-446-SHOP (7467) or visit the Department on the web at www.dobi.nj.gov.

YOU SHOULD SEEK REPLACEMENT COVERAGE WITHOUT DELAY. PLEASE CONTACT YOUR PRODUCER TO SECURE OTHER COVERAGE, OR IF YOU HAVE ANY QUESTIONS.

If you desire additional information concerning this action, you must submit a written request to us at the address shown at the top of this notice.

<Authorized Representative of Insurer>

Date Mailed:

C: <Mortgagee/Loss Payee>
<Mailing Address>

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