

**SAMPLE NOTICE
INTENT TO WITHDRAW
INDIVIDUAL LINE/PROGRAM**

<COMPANY NAME & ADDRESS>

**IMPORTANT INFORMATION CONCERNING YOUR
<TYPE OF POLICY>**

The purpose of this notice is to inform you that (Name of Company) has decided to cease writing <type of policy> in the State of New Jersey. The (Name of Company) is taking this action because <provide reason(s) for the insurer's withdrawal>. As required by law, the company has made an informational withdrawal filing with the New Jersey Department of Banking and Insurance advising of our intent to withdraw from <line of insurance/program> coverage in the State of New Jersey.

Under the informational withdrawal filing submitted to the Department, we have proposed that all <type of policy> will be nonrenewed over <time frame>. We have proposed that nonrenewals will begin with policies with effective dates on or after <date>.

NOTE TO INSURER: <if applicable, such as in a case where no waiver has been requested pursuant to N.J.A.C. 11:2-29.4, the insurer must advise the insured that the insurer will send an initial notice of nonrenewal no later than one calendar year preceding the date of nonrenewal as provided by N.J.A.C. 11:2-29.3(f) 1.>

You will receive a notice of nonrenewal for your <type of policy> at least <provide legal time frame for line of coverage> days prior to your policy expiration date.

If you have a mortgagee/loss payee, they also will receive a copy of any notice of nonrenewal.

NOTE TO INSURER: <provide appropriate contact information (e.g., company and/or producer, if applicable, to whom the policyholder may address further questions.>

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