

**SAMPLE NOTICE  
FINAL NONRENEWAL NOTICE  
MUTIPLE LINES/PROGRAMS**

<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.

**We will not renew this policy when it expires.** Your insurance will cease on the expiration date and time shown above.

This nonrenewal is based on an informational withdrawal filing submitted to the New Jersey Department of Banking and Insurance as required by law. Under the informational withdrawal filing, the (Name of Company) will no longer be writing <provide lines/programs to be withdrawn, e.g., personal lines> insurance coverage in the State of New Jersey. As a result, (Name of Company) will be nonrenewing all <provide specific types of policies affected, e.g., in a personal lines withdrawal, private passenger automobile, homeowners, personal umbrella, etc.,> in this State. 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](http://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>

DRAFTWDnonrewnmultiplelines