[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

RE: Notice of Pending Cancellation of Policy #[Policy Number]

Dear [Policyholder Name],

Please be advised that your automobile insurance coverage with [Insurance Company Name] is scheduled for cancellation effective 12:01 AM on [Cancellation Date].

This action is being taken due to the following underwriting reason: **Suspension of Driver's License** for [Driver Name] as reported by the Department of Motor Vehicles.

Under the terms of your policy and state regulations, a valid driver's license is a requirement for maintaining coverage. As a result of this suspension, you no longer meet our eligibility guidelines.

How to Prevent Cancellation:
To avoid the termination of your policy, you must provide official documentation from the DMV proving that the license has been fully reinstated before the effective date mentioned above.

Please be aware that operating a motor vehicle without insurance is a violation of state law. If this policy cancels, a notice of termination will be forwarded to the Department of Motor Vehicles, which may result in further penalties or the suspension of your vehicle registration.

If you have questions regarding this notice or have updated information regarding your licensing status, please contact your agent or our customer service department at [Phone Number] immediately.

Sincerely,

[Name of Representative]
[Insurance Company Name]
[Department Name]