

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

Subject: Important Notice Regarding Your Auto Insurance Policy #[Policy Number]

Dear [Policyholder Name],

Our records show that your auto insurance policy lapsed on [Date] due to non-payment. As a result, you are currently driving without coverage, which may put you at financial and legal risk.

We value your business and would like to offer you the opportunity to reinstate your coverage. To restart your policy without a gap in protection, please take action by [Deadline Date].

To reinstate your policy, please follow these steps:

- Pay the past due balance of \$[Amount].
- Pay the reinstatement fee of \$[Amount] (if applicable).
- Sign the enclosed Statement of No Loss form, confirming no accidents occurred during the lapse period.

You can make your payment online at [Website URL], by phone at [Phone Number], or by returning the enclosed payment voucher.

Once we receive your payment and signed documents, we will review your request and notify you once your coverage is active again.

If you have already sent your payment or have questions about your policy, please contact our customer service team immediately.

Sincerely,

[Name/Department]

[Company Name]

[Contact Information]