[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

To: [Policyholder Name]
Address: [Policyholder Address]
Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]

RE: FIRST WARNING - NOTICE OF INSURANCE LAPSE

Dear [Policyholder Name],

Our records indicate that your automobile insurance policy has lapsed effective [Date of Lapse] due to non-payment of the premium. As of this date, you no longer have active insurance coverage for the vehicle listed above.

Driving without valid insurance is a violation of state law and may result in the suspension of your driver's license, vehicle registration, and significant legal fines. Additionally, you are currently personally liable for any damages or injuries resulting from an accident.

To reinstate your coverage and avoid further action, please perform one of the following immediately:

- Pay the past due balance of $[Amount] via our online portal or mobile app.
- Call our billing department at [Phone Number] to make a payment.
- Provide proof of coverage if you have obtained insurance through another provider.

If payment is not received by [Deadline Date], your policy will be formally cancelled, and we will be required to notify the Department of Motor Vehicles (DMV) of your uninsured status.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Sender Name/Department]
[Company Name]