FINAL NOTICE: IMMEDIATE ACTION REQUIRED

Date: [Insert Date]

To: [Policyholder Name]
Address: [Street Address]
City, State, Zip: [City, State, Zip]

Regarding Policy Number: [Insert Policy Number]
Vehicle: [Year, Make, Model]
VIN: [Insert VIN]

Dear [Policyholder Name],

Our records indicate that your automobile insurance policy has officially lapsed as of [Date] due to non-payment. This is a final notice informing you that you no longer have active insurance coverage for the vehicle listed above.

CONSEQUENCES OF COVERAGE LAPSE:

- You are currently driving uninsured, which is illegal in this state.
- You are personally liable for all costs associated with any accidents or damages.
- This lapse has been reported to the Department of Motor Vehicles (DMV), which may result in the suspension of your vehicle registration or driver's license.
- A lapse in coverage may result in higher premiums when you seek future insurance.

HOW TO REINSTATE COVERAGE:

To avoid further penalties, you must pay the outstanding balance of $[Amount] immediately. Please note that reinstatement is subject to company approval and may require a "Statement of No Loss" confirming no accidents occurred during the lapse period.

You can make a payment via:

- Phone: [Insert Phone Number]
- Online: [Insert Website URL]
- Mobile App: [Insert App Name]

If you have already made this payment or have obtained coverage through another provider, please contact us immediately to update your records.

Sincerely,

[Agent/Department Name]
[Insurance Company Name]
[Contact Information]