[Date]

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

Subject: FINAL NOTICE - Expiration of Grace Period

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]

Dear [Policyholder Name],

This letter is to inform you that the grace period for your auto insurance premium payment has expired. As of [Date], we have not received the required payment of $[Amount Due].

Status: PENDING CANCELLATION

Please be advised that your insurance coverage will officially terminate on [Termination Date] at 12:01 AM if payment is not received. If your policy is cancelled, you will no longer have legal liability or physical damage protection for your vehicle.

To keep your policy active and avoid a lapse in coverage, please make a payment immediately via one of the following methods:

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

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department immediately to discuss available options.

Sincerely,

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