[Current Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Re: Account Closure Notice - Account Number: [Account Number]

Dear [Customer Name],

This letter is to formally notify you that your account with [Company Name] has been closed, effective [Date], due to the lapse of your required automobile insurance coverage.

Per the terms of our agreement, maintaining active auto insurance is a mandatory requirement for keeping this account in good standing. Our records indicate that your policy with [Insurance Company Name] expired on [Date of Lapse] and we have not received proof of renewal or a new policy.

As a result of this closure:

- Your access to [Service/Product Name] has been deactivated.
- [Optional: Any outstanding balance of $[Amount] is due by [Date].]
- [Optional: Information regarding vehicle repossession or contract default].

If you believe this is an error or if you have obtained new insurance, please provide proof of coverage immediately by contacting our Customer Service department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]