URGENT: NOTICE OF POLICY LAPSE

Date: [Insert Date]

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

Re: Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that your automobile insurance policy has lapsed effective [Insert Date] due to non-payment. As of this date, you no longer have insurance coverage for the vehicle(s) listed on your policy.

Driving without insurance is illegal and puts you at significant financial risk. In the event of an accident or loss, you will be personally responsible for all damages and legal costs.

To reinstate your coverage and avoid a permanent cancellation, please take the following steps immediately:

- Pay the past due balance of $[Insert Amount].
- Pay the reinstatement fee of $[Insert Amount, if applicable].
- Submit payment by [Insert Deadline Date] to avoid a gap in coverage history.

You can make a payment through one of the following methods:

- **Online:** [Insert Website URL]
- **Phone:** [Insert Phone Number]
- **Mail:** Send a check to [Insert Mailing Address]

If payment is not received by [Insert Final Termination Date], your policy will be officially cancelled, and we may be required by law to notify the Department of Motor Vehicles (DMV).

If you have already sent your payment, please disregard this notice. If you have questions or believe this notice was sent in error, contact our customer service department immediately at [Insert Phone Number].

Sincerely,

[Agent/Department Name]
[Insurance Company Name]