[Date]

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

Subject: IMPORTANT: Notice of Lapsed Auto Insurance - Policy #[Policy Number]

Dear [Client Name],

I am writing to formally notify you that your automobile insurance coverage with [Insurance Company Name] expired on [Date of Lapse] due to non-payment.

Driving without active insurance is a serious matter that can lead to legal penalties, fines, and the suspension of your driver's license. More importantly, you currently have no financial protection in the event of an accident, theft, or damage to your vehicle.

In many cases, we can reinstate your coverage if action is taken immediately. Please contact my office at [Phone Number] or reply to this email as soon as possible to discuss your payment options and ensure your protection is restored.

If you have already made a payment or have secured coverage elsewhere, please let us know so we can update our records.

I look forward to hearing from you today.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]