[Date]
[State Department of Motor Vehicles/Insurance Name]
[Department Address]
[City, State, Zip Code]

RE: Notice of Insurance Lapse / Termination of Coverage

To Whom It May Concern,

This letter serves as official notification that the automobile insurance policy for the individual and vehicle listed below has lapsed and is no longer in force.

Policyholder Information:
Name: [Policyholder Full Name]
Address: [Policyholder Address]
Driver's License Number: [License Number]

Vehicle Information:
Year: [Year]
Make: [Make]
Model: [Model]
Vehicle Identification Number (VIN): [VIN]

Policy Details:
Insurance Company: [Insurance Company Name]
Policy Number: [Policy Number]
Expiration/Cancellation Date: [Date Coverage Ended]
Reason for Lapse: [e.g., Non-payment of premium / Policy expired]

In accordance with state regulations, we are reporting this status change to your department. Please update your records to reflect that this vehicle no longer carries the required liability coverage through our agency.

Sincerely,

[Signature]
[Your Name/Representative Name]
[Company Name]
[Contact Phone Number]