

URGENT: NOTICE OF SR-22 FILING LAPSE AND PENDING SUSPENSION

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

City, State, Zip: [City, State, Zip]

Policy Number: [Insert Policy Number]

Subject: IMMEDIATE ACTION REQUIRED - SR-22 COMPLIANCE

Dear [Policyholder Name],

This is an urgent notification regarding your SR-22 financial responsibility filing. Our records indicate that your insurance policy has lapsed or is pending cancellation due to [Reason, e.g., Non-payment of premium].

As mandated by state law, we are required to notify the Department of Motor Vehicles (DMV) or the Bureau of Motor Vehicles (BMV) immediately if an SR-22 filing is no longer active. A lapse in your insurance coverage will result in the following:

- Immediate suspension of your driver's license.
- Revocation of your vehicle registration.
- Requirement to pay additional reinstatement fees to the state.
- Potential restart of your required SR-22 filing period.

To prevent the suspension of your driving privileges, you must take the following steps by [Deadline Date]:

1. Contact us immediately at [Phone Number] to make a payment.
2. Reinstate your policy to ensure continuous coverage.
3. Confirm that your SR-22 status has been updated with the state.

If you have already made a payment or secured coverage elsewhere, please contact us immediately to provide proof so we may update your file.

Sincerely,

[Agent/Company Name]

[Department Name]

[Contact Information]