

URGENT: FINAL NOTICE OF NON-COMPLIANCE

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

Policy Number: [Insert Policy Number]

Case Number: [Insert State Case Number]

**RE: FINAL WARNING - SR-22 FILING LAPSE AND PENDING LICENSE
SUSPENSION**

Dear [Policyholder Name],

Our records indicate that your insurance policy has lapsed due to [non-payment / expiration] effective [Date of Lapse]. Because your policy includes an SR-22 financial responsibility filing, we are legally required to notify the Department of Motor Vehicles (DMV) of this cancellation via an SR-26 form.

ACTION REQUIRED IMMEDIATELY

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

- Pay the past due premium of \$[Amount] to reinstate your coverage.
- Ensure your SR-22 status is updated and filed with the state.

CONSEQUENCES OF INACTION

If you do not reinstate your policy by the date listed above:

- The State will be notified that you no longer have the required high-risk insurance.
- Your driver's license and vehicle registration will be **suspended**.
- You may be required to pay additional reinstatement fees to the DMV.
- Your SR-22 monitoring period may be restarted or extended by the state.

Please contact our office immediately at [Phone Number] or visit [Website] to make a payment and maintain your legal right to drive.

Sincerely,

[Agent/Agency Name]

[Insurance Company Name]

[Contact Information]