

**Date:** [Current Date]

**Recipient Name:** [Customer Name]

**Address:** [Customer Address]

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

**Subject: URGENT: NOTICE OF POLICY CANCELLATION AND SR-22 FILING LAPSE**

Dear [Customer Name],

This letter serves as official notification that your insurance policy [Policy Number] is scheduled for cancellation effective [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment].

**IMPORTANT NOTICE REGARDING YOUR SR-22 FILING:**

Our records indicate that we have an active SR-22 financial responsibility filing on your behalf with the State Department of Motor Vehicles (DMV). Please be advised of the following consequences if your policy cancels:

- **State Notification:** We are legally required to notify the DMV immediately (via Form SR-26) that your insurance coverage has been terminated.
- **License Suspension:** A lapse in SR-22 coverage typically results in the immediate suspension of your driver's license and vehicle registration by the state.
- **Legal Penalties:** Driving without the required SR-22 filing may lead to vehicle impoundment, fines, or arrest.
- **Restarting Requirements:** A lapse may reset the clock on your state-mandated filing period (e.g., three consecutive years).

**HOW TO PREVENT CANCELLATION:**

To keep your policy active and maintain your SR-22 filing, we must receive a payment of \$[Amount] no later than [Due Date/Time].

You can make a payment by:

- Calling our billing department at [Phone Number].
- Visiting our website at [Website URL].
- Paying in person at [Office Address].

If you have already made this payment or have obtained coverage elsewhere, please contact us immediately to ensure your SR-22 status is handled correctly.

Sincerely,

[Agent/Representative Name]  
[Insurance Company Name]  
[Phone Number]