

Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]

Address: [Insert Address]

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

Policy Number: [Insert Policy Number]

SR-22 Case Number: [Insert Case Number, if applicable]

**SUBJECT: URGENT: NOTICE OF PAYMENT DEFAULT AND PENDING SR-22
CANCELLATION**

Dear [Insert Policyholder Name],

This letter is to inform you that we have not received the required premium payment for your auto insurance policy, which was due on [Insert Due Date]. As of today, your account is in default in the amount of \$[Insert Amount Owed].

Immediate Action Required:

To keep your insurance coverage active and prevent the cancellation of your SR-22 filing, you must pay the total amount due by **[Insert Cancellation Date]**.

Consequences of Non-Payment:

Because your policy includes an SR-22 filing, federal/state law requires us to notify the Department of Motor Vehicles (DMV) or the Bureau of Motor Vehicles (BMV) if your policy lapses. If payment is not received by the deadline:

- Your insurance policy will be cancelled effective [Insert Time] on [Insert Date].
- An SR-26 (Notice of Cancellation of Policy) will be filed immediately with the State.
- **Your driver's license and/or vehicle registration may be suspended by the State.**
- You may be required to pay additional reinstatement fees to both the insurance company and the DMV.

Please make your payment immediately via our website at [Insert Website], by calling [Insert Phone Number], or by visiting our office.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Insert Name/Department]

[Insert Company Name]

[Insert Contact Information]