

[Agency Name]  
[Agency Address]  
[Phone Number]

[Date]

[Policyholder Name]  
[Address]  
[City, State, Zip]

**RE: NOTICE OF SR-22 FILING LAPSE AND POTENTIAL LICENSE SUSPENSION**

Dear [Policyholder Name],

Our records indicate that your auto insurance policy #[Policy Number] has [expired/cancelled] effective [Date] due to [Reason, e.g., non-payment].

Because your policy included an SR-22 financial responsibility filing, we are required by state law to notify the Department of Motor Vehicles (DMV) or Bureau of Motor Vehicles (BMV) of this lapse in coverage.

**IMPORTANT:** The state will likely suspend your driver's license and vehicle registration immediately upon receipt of this notice. To avoid or rectify a license suspension, you must take the following actions:

- Contact our office immediately at [Phone Number] to reinstate your policy.
- Pay any outstanding premiums and reinstatement fees.
- Ensure a new SR-22 form is electronically filed with the state.

Driving with a suspended license can lead to vehicle impoundment, heavy fines, and potential arrest. Please contact us today to ensure your driving privileges are protected.

Sincerely,

[Agent Name]  
[Agency Name]