

[Current Date]

[Recipient Name / Policyholder Name]

[Street Address]

[City, State, Zip Code]

**RE: Notice of Financial Responsibility Lapse and Pending SR-22 Suspension**

Dear [Recipient Name],

This letter is to formally notify you that we have recorded a lapse in your required financial responsibility (auto insurance) effective [Date of Lapse].

Our records indicate that Policy Number [Policy Number] has been [cancelled/expired] due to [Reason for Lapse, e.g., non-payment]. As a result, you are no longer in compliance with the state-mandated financial responsibility requirements.

**Impact on SR-22 Status:**

Because you are required to maintain an SR-22 filing with the Department of Motor Vehicles (DMV), this insurance lapse has the following consequences:

- A formal notice of cancellation (Form SR-26) has been, or will be, transmitted to the DMV.
- Your driving privileges and vehicle registration may be suspended immediately by the state.
- You may be required to pay reinstatement fees to the DMV once proof of coverage is re-established.

**Required Action:**

To prevent or resolve the suspension of your driver's license, you must immediately obtain a new insurance policy that includes an SR-22 certificate. Once a new policy is active, the insurance provider must electronically file the new SR-22 with the DMV.

If you have already obtained replacement coverage, please ensure your new provider has successfully filed the necessary documentation with the state authorities.

Sincerely,

[Your Name/Organization Name]

[Title/Department]

[Contact Phone Number]