

## **URGENT: ACTION REQUIRED TO AVOID POLICY LAPSE**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Vehicle(s): [Insert Vehicle Description]

Dear [Insert Policyholder Name],

We are writing to inform you that your auto insurance premium payment scheduled for [Insert Due Date] was unsuccessful. Our records indicate that the credit card on file has expired.

As a result, your insurance coverage is at risk of cancellation. To prevent a lapse in your coverage, please update your payment information and settle the outstanding balance of \$[Insert Amount] by [Insert Deadline Date].

### **How to update your information:**

- Log in to your account at: [Insert Website Link]
- Call our billing department at: [Insert Phone Number]
- Use our mobile app: [Insert App Name]

A lapse in insurance coverage can lead to legal penalties, higher future premiums, and financial liability in the event of an accident. If payment is not received by the deadline mentioned above, your policy will officially expire on [Insert Cancellation Date] at 12:01 AM.

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

Sincerely,

[Insert Agent/Company Name]

[Insert Contact Information]