

URGENT: NOTICE OF PENDING CANCELLATION / POLICY LAPSE

Date: [Insert Date]

To: [Company Name / Policyholder Name]

Attn: Fleet Manager / Owner

[Mailing Address]

[City, State, Zip Code]

Re: Commercial Auto Fleet Policy Number: [Policy Number]

Dear [Name of Contact Person],

This is an urgent notification regarding the status of your Commercial Auto Fleet insurance policy. Our records indicate that we have not yet received the required payment for the period of [Date] to [Date].

CANCELLATION DATE: [Insert Expiration/Cancellation Date] at 12:01 AM.

If payment is not received by the date listed above, your coverage will lapse. A lapse in fleet coverage carries significant risks, including:

- Legal penalties and fines for operating uninsured commercial vehicles.
- Immediate suspension of vehicle registrations.
- Full financial liability for any accidents, injuries, or property damage.
- Potential loss of operating authority or DOT compliance status.

To maintain your coverage and avoid the permanent cancellation of your fleet policy, please take one of the following actions immediately:

- **Pay Online:** Visit [Website URL]
- **Pay by Phone:** Call [Phone Number]
- **Contact Your Agent:** Speak with [Agent Name] at [Agent Phone Number]

If you have already sent your payment, please disregard this notice. If you are experiencing technical difficulties or have questions regarding your premium, contact us immediately to discuss your options.

Sincerely,

[Your Name/Department]

[Insurance Company/Agency Name]

[Contact Phone Number]