

[Company Header/Logo]

[Date]

[Policyholder Name]

[Business Address]

[City, State, Zip Code]

RE: NOTICE OF POLICY LAPSE AND TERMINATION OF COVERAGE

Policy Number: [Policy Number]

Fleet Account: [Account Number]

Effective Date of Lapse: [Date] at [Time]

Dear [Policyholder Name],

This letter serves as official notification that your Commercial Auto Fleet insurance policy has lapsed effective [Date] due to [Reason, e.g., non-payment of premium/expiration of term].

As of the effective date mentioned above, all insurance coverage for the vehicles listed under this fleet policy has ceased. This includes, but is not limited to, liability, collision, comprehensive, and uninsured motorist coverage.

Urgent Implications:

- Operating these vehicles without valid insurance is a violation of state law.
- Any claims arising from incidents occurring after the lapse date will not be covered.
- We are required by law to notify the Department of Motor Vehicles (DMV) of this lapse in coverage.

Action Required to Reinstate:

To discuss the possibility of reinstating your coverage, you must contact your agent or our billing department immediately at [Phone Number]. Reinstatement is subject to underwriting approval and may require a reinstatement fee and full payment of the outstanding balance of \$[Amount].

If payment has already been sent, please contact us to ensure it has been processed to avoid further administrative action.

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]

[Contact Information]