

[Company Header/Logo]

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

**RE: NOTICE OF EXPIRATION OF GRACE PERIOD - POLICY #[Policy Number]**

Dear [Policyholder Name],

This letter serves as formal notification that the grace period for your commercial fleet insurance premium payment, originally due on [Original Due Date], has expired as of [Grace Period End Date].

Despite previous reminders, we have not received the outstanding balance of \$[Amount Due].

Please be advised of the following consequences regarding your fleet coverage:

- **Policy Status:** Your policy is currently [Pending Cancellation / Cancelled] effective [Effective Date/Time].
- **Coverage Gap:** Any accidents, damages, or liabilities involving your fleet vehicles occurring after the expiration date will not be covered.
- **Legal Compliance:** Operating fleet vehicles without active insurance may violate state laws and Department of Transportation (DOT) regulations.

To reinstate your coverage and prevent further action, you must submit the full payment immediately. You can pay via [Payment Method/Portal Link] or contact our billing department at [Phone Number].

If payment has already been sent, please contact us immediately to provide the transaction details so we can update your account status.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]

[Contact Information]