

URGENT: IMMEDIATE ACTION REQUIRED

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: NOTICE OF AUTO FLEET INSURANCE POLICY LAPSE

Dear [Insert Contact Name/Company Name],

Our records indicate that the commercial auto fleet insurance policy referenced above has lapsed effective [Insert Expiration Date] due to [Insert Reason, e.g., non-payment/failure to renew].

As of this moment, your fleet vehicles are no longer insured.

Operating uninsured vehicles is a violation of state law and poses a significant financial risk to your business. To avoid permanent cancellation and to reinstate your coverage, you must complete the following steps immediately:

- Submit the outstanding payment of \$[Insert Amount].
- Provide a signed "No Loss Statement" confirming no claims have occurred during the lapse period.
- Contact your agent at [Insert Phone Number] to confirm receipt of payment.

Failure to resolve this matter by [Insert Deadline Date] will result in the formal termination of your policy, which may lead to higher premiums in the future and notification to the Department of Motor Vehicles (DMV).

If you have already sent your payment, please disregard this notice or contact us to ensure it has been processed.

Sincerely,

[Insert Name/Department]
[Insert Company Name]
[Insert Phone Number]