

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF STATE MOTOR VEHICLE REPORTING DUE TO INSURANCE LAPSE

Policy Number: [Policy Number]

Vehicle Description: [Year, Make, Model]

Vehicle Identification Number (VIN): [VIN Number]

Dear [Policyholder Name],

Our records indicate that the insurance coverage for the vehicle listed above lapsed on [Lapse Date] due to [Reason for Lapse, e.g., non-payment/expiration].

Please be advised that state law requires insurance companies to notify the Department of Motor Vehicles (DMV) or the relevant Bureau of Motor Vehicles (BMV) when a motor vehicle insurance policy is terminated or lapses. We are required to submit this report on [Reporting Date].

Important Consequences:

- The state may suspend your vehicle registration.
- You may face fines or reinstatement fees.
- Your driver's license may be at risk of suspension.
- Law enforcement may seize your license plates if the vehicle is driven without valid insurance.

To prevent this report from being filed, you must provide proof of active insurance or reinstate your policy immediately. If you have already obtained insurance through another provider, please notify us or your local DMV office to update your records.

If you wish to reinstate your policy with us, please contact our customer service department at [Phone Number] or visit [Website] before [Deadline Date].

Sincerely,

[Agent/Department Name]

[Insurance Company Name]

[Contact Information]