

FINAL NOTICE OF POLICY LAPSE

Date: [Date]

Policy Number: [Policy Number]

Insured Name: [Company Name]

Vehicle Count: [Number of Vehicles]

To [Contact Name],

This is a formal notification that your Commercial Auto Fleet insurance policy has officially lapsed effective [**Date of Lapse**] at 12:01 AM due to non-payment of premium.

IMPORTANT LEGAL NOTICE:

- There is no longer insurance coverage for any vehicles listed under this fleet policy.
- Any accidents, damages, or liabilities occurring after the lapse date will not be covered.
- Operating these vehicles without valid insurance is a violation of state law and may result in fines, vehicle impoundment, or suspension of business registrations.
- We are required by law to notify the Department of Motor Vehicles (DMV) of this insurance termination.

To Reinstate Coverage:

To avoid a permanent cancellation, you must pay the outstanding balance of **[\$Amount Due]** by **[Hard Deadline Date]**. Reinstatement is subject to underwriting approval and may require a "No Loss Statement."

Please contact your agent immediately at [Phone Number] or log in to [Website URL] to submit payment.

If payment has already been sent, please disregard this notice.

Sincerely,

[Agent/Company Name]

[Department Name]

[Contact Information]