

URGENT: NOTICE OF EXPIRATION AND LIABILITY WARNING

Date: [Insert Date]

To: [Company Name / Fleet Owner]

Address: [Insert Address]

Policy Number: [Insert Policy Number]

Subject: NOTICE OF LAPSED COMMERCIAL FLEET INSURANCE COVERAGE

Dear [Contact Name],

Our records indicate that your commercial fleet insurance policy expired on [Expiration Date] due to [Reason, e.g., non-payment / failure to renew]. As of this date, your vehicles are no longer covered by liability insurance.

LEGAL AND FINANCIAL LIABILITY WARNING:

- **Illegal Operation:** Operating uninsured commercial vehicles is a violation of state and federal law.
- **Personal Liability:** In the event of an accident, your company is now 100% responsible for all damages, medical costs, and legal fees.
- **Regulatory Fines:** You may face significant fines from the Department of Transportation (DOT) and potential suspension of your motor carrier authority.
- **Vehicle Seizure:** Uninsured vehicles are subject to impoundment by law enforcement.

REQUIRED ACTION:

To reinstate your coverage and mitigate your liability, you must contact us immediately at [Phone Number] or [Email Address]. Do not allow any drivers to operate fleet vehicles until you have received written confirmation that coverage is active.

Sincerely,

[Your Name/Department]

[Your Company Name]