

[Company Name]
[Street Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Title]
[Relevant Department/Organization]
[Address]
[City, State, Zip Code]

Subject: NOTICE OF UNINSURED COMMERCIAL FLEET VEHICLES

Dear [Recipient Name],

This letter serves as formal notification that the following commercial vehicles owned and operated by [Company Name] are currently uninsured:

Year	Make/Model	VIN (Vehicle Identification Number)	License Plate Number
[Year]	[Make/Model]	[VIN]	[Plate #]
[Year]	[Make/Model]	[VIN]	[Plate #]

The insurance coverage for these vehicles expired on [Date] or was cancelled effective [Date].

As of this date, these vehicles have been ordered to remain stationary. All drivers have been instructed that these units are not to be operated on public roads until valid proof of insurance is obtained and distributed.

We are currently in the process of [securing new coverage / resolving the payment issue]. We anticipate that coverage will be reinstated by [Expected Date].

Please contact [Name] at [Phone Number] or [Email Address] if you require further information regarding this status.

Sincerely,

[Signature]

[Printed Name]
[Title]
[Company Name]