FINAL NOTICE: IMMEDIATE ACTION REQUIRED

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Outstanding Balance: $[Insert Amount]

Dear [Insert Policyholder Name],

This is a formal final notice regarding the past-due balance on your high-risk auto insurance policy. Our records indicate that we have not yet received your payment of $[Insert Amount], which was originally due on [Insert Original Due Date].

To ensure your coverage remains active, your payment must be received no later than **[Insert Final Deadline Date]**. Failure to pay by this date will result in the immediate cancellation of your insurance policy.

Please be advised that a lapse in coverage may lead to:

- Higher future premiums due to high-risk status.
- Fines or legal penalties from the Department of Motor Vehicles (DMV).
- Requirement of an SR-22 filing (if applicable).
- Financial liability for any accidents occurring during the lapse period.

You can make your payment immediately through the following methods:

- Online: [Insert Website URL]
- Phone: [Insert Phone Number]
- In Person: [Insert Office Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department immediately to discuss available options.

Sincerely,

[Insert Agent/Company Name]
[Insert Contact Information]