**URGENT: FINAL NOTICE REGARDING POLICY EXPIRATION**

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: STRICT DEADLINE for Premium Payment

Dear [Policyholder Name],

This letter serves as a formal notification that your auto insurance premium for the policy listed above is now critically past due. Due to the high-risk classification of your policy, we are unable to offer further extensions or grace periods.

**Payment Deadline: [Insert Date] by [Insert Time, e.g., 5:00 PM EST]**

Failure to receive the minimum payment of **$[Insert Amount]** by the exact time and date specified will result in the immediate cancellation of your coverage.

Please be advised that if your policy is cancelled:

- You will be operating an uninsured vehicle, which is illegal.
- Your vehicle registration may be suspended by the Department of Motor Vehicles.
- You will lose your continuous insurance discount, significantly increasing future rates.
- We may be unable to offer you a new policy due to your risk profile.

To ensure your coverage remains active, please make a payment immediately via our website at [Insert URL], by phone at [Insert Phone Number], or at our local office.

If payment has already been sent, please contact us immediately with the transaction confirmation number to prevent automated cancellation.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Phone Number]