URGENT: FINAL PAYMENT NOTICE

Date: [Insert Date]

To: [Policyholder Name]
Address: [Policyholder Address]
City, State, Zip: [City, State, Zip]

Subject: STRICT PAYMENT DEADLINE FOR POLICY #[Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment due for your high-risk auto insurance policy. Due to the high-risk classification of your account, we maintain a strict no-grace-period policy regarding late payments.

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

Total Amount Due: $[Insert Amount]

Failure to receive the full amount by the deadline stated above will result in the immediate cancellation of your insurance coverage. Please be advised that if your policy is cancelled:

- You will be driving without legal insurance coverage.
- We will notify the Department of Motor Vehicles (DMV) of your lapse in coverage.
- Reinstatement may not be available, or may require significantly higher premiums and new filing fees.

Please make your payment immediately via our online portal at [Insert Website] or by calling [Insert Phone Number].

If you have already sent your payment, please contact us immediately to confirm receipt and ensure your policy remains active.

Sincerely,

[Name/Department]
[Insurance Company Name]
[Phone Number]