URGENT NOTICE: ACTION REQUIRED

Date: [Insert Date]

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

Re: Policy Number [Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that your premium payment for your high-risk auto insurance policy is now overdue. As of [Insert Date], we have not received the payment of $[Insert Amount] which was due on [Insert Original Due Date].

Because this policy is classified under a high-risk category, maintaining continuous coverage is a legal and contractual requirement. Failure to remit payment immediately will result in the following:

- **Cancellation of Coverage:** Your policy is scheduled for cancellation effective [Insert Cancellation Date] at 12:01 AM.
- **State Notification:** We are required by law to notify the Department of Motor Vehicles (DMV) of any lapse in coverage, which may lead to the suspension of your driver's license and vehicle registration.
- **Loss of High-Risk Eligibility:** A lapse in coverage may make it difficult or significantly more expensive to obtain insurance in the future.

Total Amount Due: $[Insert Total Amount Including Late Fees]

To avoid the cancellation of your policy, please make a payment immediately via one of 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 difficulties, please contact our billing department immediately at [Insert Phone Number] to discuss available options.

Sincerely,

[Agent/Department Name]
[Insurance Company Name]
[Contact Information]