URGENT: FINAL NOTICE OF CANCELLATION

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Outstanding Balance: $[Insert Amount]

Dear [Policyholder Name],

Our records show that your high-risk auto insurance premium is now seriously past due. This is your final warning regarding your outstanding balance.

Payment Deadline: [Insert Date] by [Insert Time]

Due to the high-risk nature of your policy, we cannot offer further extensions. If the full payment of $[Insert Amount] is not received by the deadline stated above, your insurance coverage will be cancelled effective immediately.

Please be advised that a lapse in coverage will result in:

- Suspension of your driving privileges by the DMV/BMV.
- Difficulty obtaining future insurance coverage.
- Significantly higher premiums due to a gap in insurance history.
- Personal financial liability for any accidents or damages.

To prevent the cancellation of your policy, please make a payment immediately via our website at [Insert Link] or call our billing department at [Insert Phone Number].

If payment has already been sent, please contact us immediately with the confirmation details to ensure your policy remains active.

Sincerely,

[Your Name/Company Name]
[Department Name]
[Contact Information]