URGENT: NOTICE OF EXPIRATION AND IMMINENT POLICY LAPSE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Property/Vehicle: [Insert Vehicle Description]
Premium Due Date: [Insert Date]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the premium payment required to renew or maintain your high-risk auto insurance policy. As a result, your coverage is scheduled to lapse effective **[Insert Expiration Time/Date]**.

Because your policy is classified under a high-risk category, allowing this coverage to lapse may result in the following:

- Immediate loss of legal driving privileges.
- Difficulty obtaining future coverage from other carriers.
- Significant increases in future premium rates.
- Requirement of an SR-22 filing notification to the Department of Motor Vehicles (if applicable).

To prevent the cancellation of your policy and ensure there is no gap in your protection, you must submit a payment of **$[Insert Amount]** no later than [Insert Date].

Payment Options:

- 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 have questions regarding your high-risk status or payment options, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

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