URGENT: IMMEDIATE PAYMENT REQUIRED FOR POLICY RENEWAL

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Renewal Date: [Insert Date]
Total Amount Due: $[Insert Amount]

Dear [Insert Name],

Your high-risk auto insurance policy is scheduled to expire on [Insert Date]. To maintain continuous coverage and avoid a lapse in your insurance, we must receive your full renewal payment immediately.

Due to the high-risk classification of this policy, there is no grace period. Failure to submit payment by [Insert Time] on [Insert Date] will result in the automatic termination of your coverage. Please be advised that a lapse in coverage may lead to higher future premiums, legal penalties, or the inability to re-secure coverage.

Payment Options:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- In-Person: [Insert Office Address]

If payment has already been sent, please contact us immediately with your confirmation number to ensure your file is updated.

Sincerely,

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