URGENT: FINAL NOTICE REGARDING SR-22 INSURANCE COMPLIANCE

Date: [Insert Date]

To: [Policyholder Name]
Policy Number: [Insert Policy Number]
SR-22 Case Number: [Insert Case Number]

Subject: STRICT PREMIUM PAYMENT DEADLINE - ACTION REQUIRED TO AVOID LICENSE SUSPENSION

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your SR-22 auto insurance policy. Your payment of **$[Insert Amount]** was due on **[Insert Due Date]**.

Please be advised that your SR-22 filing requires continuous, uninterrupted coverage. If your payment is not received by **[Insert Strict Deadline Time/Date]**, your policy will lapse and we will be legally obligated to notify the State Department of Motor Vehicles (DMV) immediately.

Consequences of Non-Payment:

- Immediate filing of Form SR-26 (Cancellation of Financial Responsibility) with the State.
- Potential immediate suspension of your driver's license.
- Resetting of your mandatory SR-22 filing period (if applicable).
- Reinstatement fees and increased insurance premiums.

To ensure your coverage remains active and your driving privileges are protected, please submit your payment immediately via one of the following methods:

- **Online:** [Insert Website URL]
- **Phone:** [Insert Phone Number]
- **In Person:** [Insert Address]

If you have already sent your payment, please contact our billing department at [Insert Phone Number] to confirm receipt and ensure your SR-22 status remains in good standing.

Sincerely,

[Agent/Company Name]
[Insurance Company Address]
[Contact Phone Number]