URGENT: FINAL NOTICE OF POLICY EXPIRATION

Date: [Insert Date]

Policy Number: [Insert Policy Number]
Insured Name: [Insert Insured Name]
Total Amount Due: $[Insert Amount]

Dear [Insert Insured Name],

This letter serves as formal notification that the grace period for your high-risk auto insurance policy is expiring. Our records indicate that we have not yet received the payment required to maintain your coverage.

EXPIRATION DETAILS:

- **Expiration Date:** [Insert Date]
- **Expiration Time:** [Insert Time, e.g., 12:01 AM]

If payment is not received by the date and time listed above, your policy will be cancelled effective immediately. This will result in a lapse in coverage, which may lead to the following consequences:

- Legal penalties for driving without insurance.
- Immediate notification to the Department of Motor Vehicles (DMV).
- Difficulties securing future coverage or significantly higher premiums.
- Financial liability for any accidents occurring after the expiration date.

To prevent the cancellation of your policy, please submit your payment immediately via [Insert Payment Method/Link] or contact our billing department at [Insert Phone Number].

If you have already sent your payment, please disregard this notice.

Sincerely,

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