[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: URGENT NOTICE - NOTICE OF INTENT TO CANCEL POLICY #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that we have not received the payment for your high-risk auto insurance policy, which was due on [Due Date]. As a result, your coverage is currently scheduled for cancellation effective **[Cancellation Date]** at 12:01 AM.

To prevent the termination of your insurance coverage and to avoid a lapse in your driving record, we must receive a minimum payment of **$[Amount Due]** no later than [Deadline Date].

Important Consequences of Coverage Loss:

- You will be personally liable for any damages or injuries resulting from an accident.
- Your vehicle registration may be suspended by the Department of Motor Vehicles (DMV).
- Reinstating a high-risk policy after a lapse may result in significantly higher premiums.
- Any active SR-22 filings will be reported as cancelled to the state.

Please make your payment immediately through one of the following methods:

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

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department at [Phone Number] immediately to discuss available options.

Sincerely,

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