

## **URGENT: EXPIRATION NOTICE / LAPSE WARNING**

Date: [Insert Date]

To: [Insured Name / Company Name]

Address: [Insured Address]

City, State, Zip: [City, State, Zip]

Subject: Policy Expiration and Renewal Requirement

Policy Number: [Insert Policy Number]

Fleet Size: [Insert Number of Vehicles]

Dear [Contact Person Name],

This is a formal notice that your Commercial Auto Fleet insurance policy is scheduled to expire on **[Expiration Date]** at 12:01 AM.

Our records indicate that we have not yet received the required documentation or payment to finalize your renewal. To avoid a lapse in coverage, action must be taken immediately.

### **Consequences of a Coverage Lapse:**

- Your vehicles will be uninsured as of the expiration date.
- You may be in violation of state laws and Federal Motor Carrier Safety Administration (FMCSA) regulations.
- A lapse in coverage can result in higher future premiums or difficulty obtaining coverage elsewhere.
- Contractual agreements requiring proof of insurance may be breached.

### **To Renew Your Coverage:**

1. Review the attached renewal quote.
2. Provide an updated vehicle and driver schedule (if changes occurred).
3. Submit the minimum premium payment of \$[Insert Amount] by [Due Date].

If you have already sent your payment or renewal documents, please disregard this notice. Otherwise, please contact your agent at [Phone Number] or [Email Address] immediately to confirm your intent to renew.

Sincerely,

[Your Name/Department]

[Insurance Agency/Company Name]

[Phone Number]