

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

RE: URGENT - NOTICE OF UPCOMING INSURANCE EXPIRATION / PAYMENT DUE

Policy Number: [Policy Number]

Vehicle Identification Number(s): [List VINs or "See Attached Schedule"]

Dear [Policyholder Name],

This is an important reminder regarding your motorcoach commercial insurance coverage. Our records indicate that your policy is scheduled to expire or may face cancellation on **[Expiration/Cancellation Date]** due to [Non-payment/Expiration of Term].

Maintaining continuous coverage is critical for motorcoach operators. A lapse in insurance can lead to:

- Immediate suspension of DOT/FMCSA operating authority.
- Substantial regulatory fines and legal penalties.
- Vehicle impoundment and loss of business revenue.
- Higher future premiums due to "uninsured" status.

To ensure your fleet remains protected and compliant with federal and state regulations, please take one of the following actions immediately:

1. **Submit Payment:** Visit [Payment URL] or call [Phone Number] to process your premium payment.
2. **Renew Your Policy:** Contact your agent at [Agent Phone Number] to finalize your renewal application.
3. **Provide Proof of Other Insurance:** If you have secured coverage elsewhere, please send us a copy of your new Certificate of Insurance (COI).

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Insurance Company/Agency Name]

[Phone Number]
[Email Address]