

FINAL NOTICE: POLICY EXPIRATION

Date: [Current Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Subject: IMPORTANT NOTICE REGARDING POLICY #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your automobile insurance policy is scheduled to expire on **[Expiration Date]** at 12:01 AM.

To date, we have not received your renewal payment. If payment is not processed by the expiration date, your coverage will lapse, and your policy will no longer be active. Driving without valid insurance is a legal offense and may result in fines, license suspension, or financial liability in the event of an accident.

Policy Details:

Vehicle: [Year, Make, Model]

Policy Number: [Policy Number]

Amount Due to Renew: \$[Amount]

To ensure uninterrupted coverage, please make a payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Address]

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

If you have any questions or wish to discuss changes to your coverage, please contact us at [Customer Service Phone Number].

Sincerely,

[Insurance Company Name]

[Department Name]

[Contact Information]