[Date]

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

Re: Confirmation of Additional Driver - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as official confirmation that we have successfully added the following individual as an authorized driver to your auto insurance policy, effective [Effective Date]:

- **Driver Name:** [New Driver Name]
- **Date of Birth:** [Driver DOB]
- **Driver's License Number:** [License Number]

Your policy records have been updated to reflect this change. Please note that this addition may result in an adjustment to your premium. An updated Policy Declarations page is enclosed/attached for your review.

Please ensure that the new driver is aware of the terms and conditions of your insurance policy. If any of the information listed above is incorrect, please contact us immediately at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

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