[Date]

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

Subject: Confirmation of Removal of Excluded Driver

Dear [Policyholder Name],

This letter serves as official confirmation that **[Excluded Driver Name]** has been successfully removed as an excluded driver from your automobile insurance policy, effective **[Effective Date]**.

Policy Details:
Policy Number: [Policy Number]
Vehicles Covered: [List Vehicles]

As of the effective date mentioned above, [Excluded Driver Name] is now considered a covered driver under this policy, subject to the terms, conditions, and limits outlined in your policy documents. Please note that this change may result in an adjustment to your premium. An updated declarations page reflecting this change is enclosed with this letter.

If you have any questions regarding this update or your coverage, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Signature]
[Name of Representative]
[Title]
[Insurance Company Name]