[Date]

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

Subject: Notification of Premium Adjustment - Driver Addition

Dear [Policyholder Name],

This letter is to confirm that we have processed your request to add a new driver to your auto insurance policy, effective [Effective Date].

New Driver Details:
Name: [New Driver Name]
License Number: [License Number]

Policy Changes:
Policy Number: [Policy Number]
Previous Premium: $[Amount]
New Premium: $[Amount]

Due to the addition of this driver, your premium has been adjusted. The difference of $[Difference Amount] will be reflected in your next billing cycle. If you pay via automatic installments, your deduction amount will be updated accordingly.

Enclosed you will find your updated Policy Declarations page and new insurance identification cards. Please ensure that the new driver has a copy of the insurance card available while operating the vehicle.

If you have any questions regarding this adjustment, please contact our customer service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name/Department]
[Insurance Company Name]