[Date]

[Insurance Company Name]
[Insurance Policy Number]
[Address]
[City, State, Zip Code]

RE: Request to Add New Driver to Commercial Fleet Policy

To Whom It May Concern,

Please update our commercial fleet insurance policy to include the following individual as an authorized driver effective [Start Date]:

- **Full Name:** [Driver's Full Name]
- **Date of Birth:** [MM/DD/YYYY]
- **Driver's License Number:** [License Number]
- **State of Issuance:** [State]
- **License Class:** [e.g., Class A CDL]
- **Years of Driving Experience:** [Number] years

Attached to this letter, please find a copy of the driver's license and their current Motor Vehicle Record (MVR) for your review.

Please confirm once this driver has been successfully added to the policy and provide an updated certificate of insurance if applicable. If there are any changes to our premium as a result of this addition, please notify us immediately.

Thank you for your assistance.

Sincerely,

[Signature]
[Your Printed Name]
[Your Job Title]
[Company Name]
[Phone Number]