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

[Date]

Subject: Proof of Coverage for Added Driver

To Whom It May Concern,

This letter serves as official confirmation that the individual listed below has been added as an authorized driver to the following insurance policy:

Policy Information:
Policyholder Name: [Primary Policyholder Name]
Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]

Added Driver Details:
Driver Name: [Full Name of Added Driver]
Date of Birth: [Driver Date of Birth]
Driver's License Number: [License Number / State]
Date Added to Policy: [Effective Date]

Covered Vehicle(s):
[Year, Make, Model]
[VIN Number]

The added driver is entitled to the same liability and physical damage coverages as outlined in the original policy agreement, subject to the terms, conditions, and exclusions of the policy.

If you require further verification or have any questions, please contact our customer service department at [Phone Number].

Sincerely,

[Name of Agent/Representative]
[Title]
[Insurance Company Name]