

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

**RE: Request for Unified Household Auto Insurance Coverage**  
**Policy Number: [Your Current Policy Number, if applicable]**

To Whom It May Concern,

I am writing to formally request the consolidation of auto insurance coverage for all eligible drivers and vehicles residing at my household into a single, unified policy.

**Household Address:** [Full Residential Address]

**Listed Drivers to be Included:**

- [Driver Name 1] - [Date of Birth] - [Driver's License Number]
- [Driver Name 2] - [Date of Birth] - [Driver's License Number]
- [Driver Name 3] - [Date of Birth] - [Driver's License Number]

**Listed Vehicles to be Included:**

- [Year, Make, Model] - [VIN]
- [Year, Make, Model] - [VIN]
- [Year, Make, Model] - [VIN]

Please review our file to ensure that all applicable multi-car and multi-driver discounts are applied to this unified account. We would like this change to be effective as of [Effective Date].

Please provide a revised Declarations Page and an updated premium quote reflecting these changes. If you require additional documentation, such as proof of residency or previous insurance records, please contact me at [Phone Number] or [Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]