

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Insurance Agent Name (if applicable)]
[Policy Number]

Subject: Request to Remove Excluded Driver Endorsement

Dear [Insurance Company/Agent Name],

I am writing to formally request the removal of the excluded driver endorsement for [Student Name] from my auto insurance policy, number [Policy Number], effective [Date].

[Student Name] is currently a full-time college student at [University Name] and will be residing at my household during the upcoming [Break Period/Semester]. As they will now have access to the vehicles listed on this policy, I would like to ensure they are fully covered as a listed driver.

I have attached the following documents for your review:

- A copy of their current driver's license.
- Proof of full-time enrollment (Current transcript or tuition receipt).

Please update my policy to include [Student Name] and provide me with an updated declarations page and a quote for any resulting premium adjustments. If there are additional forms required to finalize this change, please let me know as soon as possible.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]