

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

[Date]

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

RE: Notice of Premium Adjustment - Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to confirm that [Teen Driver Name] has been successfully added as a covered driver to your auto insurance policy, effective [Effective Date].

Due to the addition of a new driver to your policy, there has been an adjustment to your insurance premium. The updated premium reflects the change in risk profile associated with adding a newly licensed driver.

Premium Adjustment Details:

- **Previous Premium:** \$[Amount]
- **New Total Premium:** \$[Amount]
- **Effective Date of Change:** [Date]

The new installment amount for your next billing cycle will be \$[Amount], due on [Due Date].

We have enclosed your updated Policy Declarations Page and new insurance ID cards. Please ensure that the new driver has a copy of the ID card in the vehicle at all times.

If you have any questions regarding this adjustment or wish to discuss available discounts-such as the Good Student Discount-please contact your agent at [Agent Phone Number] or visit our website.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Underwriting Department]
[Insurance Company Name]