

**Date:** [Insert Date]

**Policy Number:** [Insert Policy Number]

**Subject:** Action Required: Signature for Teen Driver Endorsement

Dear [Policyholder Name],

We have received your request to add [Teen Driver Name] to your automobile insurance policy. To finalize this endorsement and ensure coverage is active, we require a formal signature on the enclosed documents.

**Required Action:**

- Please review the attached Teen Driver Endorsement form.
- Both the primary policyholder and the newly licensed driver must sign and date the document.
- Return the signed copy to our office by [Insert Deadline Date].

**How to return the form:**

You may return the signed document via email to [Email Address], by fax to [Fax Number], or by using the enclosed pre-paid envelope.

Please note that failure to return the signed documents by the deadline may result in a delay of coverage or the cancellation of the pending endorsement.

If you have any questions regarding this requirement, please contact your agent at [Phone Number].

Sincerely,

[Your Name/Company Name]  
[Contact Information]