

Teen Driver Addition and Safe Driving Agreement

Date: [Insert Date]

Section 1: Insurance Notification

To: [Insurance Company Name]

Policy Number: [Insert Policy Number]

Please add the following driver to my auto insurance policy effective [Start Date]:

- **Full Name:** [Teen's Full Name]
 - **Date of Birth:** [Teen's Date of Birth]
 - **Driver's License Number:** [License Number]
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Section 2: Family Driving Agreement

This agreement is between [Parent/Guardian Name] and [Teen Driver Name]. We agree to the following rules to ensure safety and maintain insurance eligibility:

1. Safety Rules

- I will wear my seatbelt at all times and ensure all passengers do the same.
- I will never use a cell phone while driving (no texting, no calling).
- I will strictly obey all speed limits and traffic signs.
- I will never drive under the influence of alcohol or drugs.

2. Driving Restrictions

- **Curfew:** The vehicle must be home by [Insert Time, e.g., 9:00 PM].
- **Passengers:** No more than [Number] passenger(s) are allowed in the car.
- **Boundaries:** I will stay within [Number] miles of home unless I have prior permission.

3. Financial Responsibilities

- [Teen Name] agrees to pay \$[Amount] per month toward the insurance premium.
- [Teen Name] is responsible for [Percentage]% of fuel costs.
- The driver is responsible for paying any traffic tickets or fines incurred.

4. Consequences

Loss of driving privileges will occur if any of the above rules are broken. The duration of the suspension will be determined by the parents based on the severity of the violation.

Section 3: Signatures

By signing below, we agree to the terms of this document.

Parent/Guardian Signature: _____ **Date:** _____

Teen Driver Signature: _____ **Date:** _____