

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Policyholder Name]

Subject: Notice of Teen Driver Addition and Endorsement Effective Date

Dear [Insert Policyholder Name],

This letter serves as official notification that [Insert Teen Driver Name] has been added to your automobile insurance policy as a secondary driver.

Endorsement Details:

- **Driver Name:** [Insert Teen Driver Name]
- **Driver License Number:** [Insert License Number]
- **Effective Date:** [Insert Effective Date]
- **Premium Change:** [Insert Amount or "See Attached Declaration"]

The addition of this driver may impact your policy premiums and coverage limits. Enclosed you will find your updated Policy Declaration Page and any applicable endorsement forms which outline the revised terms of your coverage.

Please review these documents carefully to ensure all information is accurate. If you have any questions regarding this change or if you wish to discuss potential discounts for student drivers, please contact your agent at [Insert Phone Number].

Thank you for choosing [Insert Insurance Company Name].

Sincerely,

[Insert Name/Signature]

[Insert Title]

[Insert Insurance Company Name]