

[Date]

[Insurance Company Name]
[Policy Department]
[Company Address]
[City, State, Zip Code]

RE: Enrollment in Telematics Program for Teen Driver Endorsement

Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the enrollment of my teen driver, [Teen Driver's Full Name], into the [Name of Telematics Program, e.g., SmartRide / DriveSafe] program associated with my auto insurance policy.

Please apply the corresponding teen driver endorsement and any applicable safe-driving discounts to my policy effective [Start Date]. We understand that this program requires the installation of a telematics device or the use of a mobile application to monitor driving behavior, including speed, braking, and mileage.

The details for the driver and vehicle are as follows:

- **Driver Name:** [Teen Driver's Full Name]
- **Date of Birth:** [Teen Driver's DOB]
- **Driver's License Number:** [License Number]
- **Vehicle Assigned:** [Year, Make, Model of Vehicle]

Please confirm once the enrollment is processed and provide any necessary instructions regarding the device setup or app activation. You may contact me at [Your Phone Number] or [Your Email Address] if further information is required.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]