

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

Date: [Date]

Policyholder Name: [Policyholder Full Name]
Policy Number: [Policy Number]
Subject: Endorsement Billing Statement - Addition of Teen Driver

Dear [Policyholder Name],

This letter is to confirm that [Teen Driver Name] has been successfully added to your automobile insurance policy effective [Effective Date].

As a result of this change, your policy premium has been adjusted. Please find the billing details for this endorsement below:

- **Previous Policy Premium:** \$[Amount]
- **New Adjusted Premium:** \$[Amount]
- **Pro-rated Difference Due:** \$[Amount]
- **Payment Due Date:** [Date]

If you are currently enrolled in automatic payments, the adjusted amount will be withdrawn on your next scheduled billing date. If you pay manually, please submit the "Pro-rated Difference Due" by the date listed above to ensure your coverage remains active.

Please review the enclosed updated Policy Declarations Page for details regarding coverage limits and discounts, such as the Good Student Discount, for which your teen may be eligible.

If you have any questions regarding this billing statement, please contact our customer service department at [Phone Number].

Sincerely,

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