[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Notice of Premium Due - Driver Addition Endorsement

Policy Number: [Policy Number]
Endorsement Effective Date: [Effective Date]
Added Driver Name: [Driver Name]

Dear [Policyholder Name],

This letter is to confirm the addition of [Driver Name] to your insurance policy. As a result of this change, an endorsement has been processed, resulting in an additional premium charge.

Invoice Summary:

- Additional Premium Amount: $[Amount]
- Applicable Taxes/Fees: $[Amount]
- **Total Amount Due: $[Total Amount]**
- **Payment Due Date: [Due Date]**

Please ensure that payment is received by the due date mentioned above to maintain continuous coverage. You may pay your invoice through our online portal, by mail, or by calling our customer service department.

A copy of your updated policy declaration page reflecting this change is enclosed for your records.

If you have any questions regarding this endorsement or your payment options, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Name/Department]
[Company Name]