

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Insurance Company Name]
[Insurance Agent Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Premium Reduction - Newly Licensed Driver [Driver Name]

Dear [Agent Name or Customer Service Team],

I am writing to request a review of my auto insurance policy, number [Policy Number], for a potential premium reduction regarding the newly licensed driver in my household, [Driver Name].

We believe we may be eligible for a rate adjustment based on the following completed criteria:

- **Driver's Education Course:** [Driver Name] has successfully completed a certified driver's education program. Attached is the certificate of completion.
- **Good Student Discount:** [Driver Name] is a full-time student at [School Name] with a GPA of [GPA], meeting your requirements for a Good Student Discount. Attached is the most recent transcript.
- **Safe Driving Technology:** We have installed [Name of Telematics Device/App] as requested by your program to monitor safe driving habits.

Please review these documents and update our policy to reflect any applicable discounts or premium reductions. We would appreciate a written confirmation of the new premium amount and the date the changes take effect.

Thank you for your assistance. Please contact me if you require any further information.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attachments, e.g., Driver's Ed Certificate, School Transcript]