

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

[Date]

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

Subject: Submission of Safe Driving Course Completion Certificate for Premium Discount

Dear [Insurance Agent Name or Customer Service Team],

I am writing to inform you that I have successfully completed an approved safe driving course. I would like to apply for the safe driver discount on my auto insurance policy, [Your Policy Number].

Please find the following information and the attached certificate of completion for your records:

- **Course Name:** [Name of Course]
- **Completion Date:** [Date of Completion]
- **Certificate Number:** [Number if applicable]

Please update my policy to reflect this discount and send me a revised billing statement or a confirmation of the premium reduction. If you require any further documentation, please let me know.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]