[Current Date]

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

Subject: Confirmation of Added Driver to Policy #[Policy Number]

To Whom It May Concern,

This letter serves as formal confirmation that the following driver has been successfully added to the insurance policy mentioned above:

Driver Details:
Full Name: [Driver's Full Name]
Date of Birth: [MM/DD/YYYY]
Driver's License Number: [License Number]
State of Issuance: [State]

The coverage for this driver is effective as of [Effective Date]. Please find the updated policy documents and proof of insurance cards attached to this correspondence.

Should you have any questions regarding this update or if any information appears incorrect, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Agent Name]
[Title]
[Organization Name]