[Date]
[Policyholder Name]
[Address Line 1]
[Address Line 2]

Subject: Notification of Premium Adjustment - Driver Addition

Dear [Policyholder Name],

This letter is to confirm that we have successfully processed your request to add a new driver to your auto insurance policy, effective [Effective Date].

Driver Details:
Name: [New Driver Name]
Policy Number: [Policy Number]

Due to this change, your insurance premium has been adjusted to reflect the updated coverage. Please find the details of the adjustment below:

- **Previous Premium Amount:** $[Amount]
- **New Premium Amount:** $[Amount]
- **Adjustment Amount:** $[Amount]
- **Effective Billing Date:** [Date]

If you are enrolled in automatic payments, your next withdrawal will be updated to the new amount automatically. If you pay manually, please ensure your next payment reflects this change.

An updated Policy Declarations page is enclosed for your records. If you have any questions regarding this adjustment, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name/Department]
[Insurance Company Name]