[Date]

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

RE: Request to Remove Driver Exclusion and Add Active Driver
Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the removal of the driver exclusion currently placed on [Name of Excluded Driver] under my auto insurance policy, effective [Date].

I would like to add [Name of Driver] to my policy as an active driver. Please find the driver's information below:

- **Full Name:** [Driver's Full Name]
- **Date of Birth:** [Driver's Date of Birth]
- **Driver's License Number:** [License Number]
- **State of Issuance:** [State]

Please let me know if there are any additional forms to sign or if there will be a change in my premium amount. I look forward to receiving the updated policy declarations page reflecting this change.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]