[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

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

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. The coverage for the additional driver is effective as of [Effective Date].

Updated Driver Information:

- **New Driver Name:** [New Driver Name]
- **Driver's License Number:** [License Number]
- **Relationship to Policyholder:** [Relationship]

Policy Impact:

As a result of this addition, your policy premium has been adjusted. Your new [Monthly/Semi-Annual] premium will be $[Amount], starting from your next billing cycle on [Billing Date].

An updated Insurance Identification Card and a revised Policy Declarations page are enclosed with this letter. Please ensure the new driver has a copy of the insurance card while operating the vehicle.

If you have any questions regarding this update or your coverage limits, please contact your agent at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Department]
[Insurance Company Name]