[Date]

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

Subject: Action Required: Missing Signature for Driver Addition - Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for your recent request to add [New Driver Name] to your insurance policy. We have received your application; however, we noticed that the required signature is missing on the following document:

Document: [Name of Document, e.g., Driver Addition Form / Exclusion Waiver]

To complete the processing of this update and ensure coverage for the new driver, please perform one of the following actions:

- Sign the attached document where indicated and return it in the enclosed envelope.
- Scan and email the signed document to [Email Address].
- Visit our office located at [Office Address] to sign the form in person.

Please return the signed document by [Date] to avoid any delays or potential lapse in coverage for the additional driver.

If you have any questions or if you have already sent the signature, please contact our office at [Phone Number].

Sincerely,

[Your Name/Department]
[Company Name]