

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Date]

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

RE: Request to Remove Excluded Driver from Policy

Policy Number: [Your Policy Number]

Dear Customer Service Department,

I am writing to formally request the removal of the Named Driver Exclusion for [Name of Excluded Driver] from my automobile insurance policy, effective [Date].

The original reason for this exclusion was [Reason, e.g., high-risk driving record/license suspension]. I am requesting this change because [Reason for removal, e.g., the driver has maintained a clean record for X years / the driver no longer resides in my household / the driver's license has been fully reinstated].

Attached to this letter, please find supporting documentation: [List documents, e.g., Copy of Driver's License, Motor Vehicle Report, or Proof of New Residency].

Please review this request and provide me with an updated policy declaration page reflecting this change and any resulting adjustment to my premium. If you require further information, please contact me at [Your Phone Number].

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]