

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Acknowledgment of Driver Name Change - Policy #[Policy Number]**

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request to update a driver's name on your auto insurance policy.

The records for the driver previously listed as **[Former Name]** have been updated to **[New Name]**. This change is effective as of [Effective Date].

Please review your updated policy documents, which are enclosed with this letter. Ensure that all information is correct. If you find any discrepancies or if you have further questions regarding your coverage, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Signature]  
[Name of Representative]  
[Title]  
[Company Name]