

# Application for Named Driver Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company or Specific Contact Name],

I am writing to formally apply for named driver insurance under my current policy (Policy Number: [Insert Policy Number]).

Details of the named driver are as follows:

- Name: [Driver's Full Name]
- Date of Birth: [Driver's Date of Birth]
- License Number: [Driver's License Number]
- Relationship to Policyholder: [Your Relationship to Driver]

Attached are the necessary documents, including a copy of the driver's license and any other required information.

Please let me know if you require any more information to process this application.

Thank you for your assistance.

Sincerely,

[Your Name]