

Confirmation of Named Driver Insurance

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Insurance Company: [Insert Insurance Company Name]

Dear [Policyholder Name],

We are pleased to confirm that your application for named driver insurance has been approved. The details of the named driver are as follows:

Named Driver: [Insert Driver's Name]

Date of Birth: [Insert Date of Birth]

Driver's License Number: [Insert License Number]

This confirmation ensures that the above-mentioned driver is covered under your vehicle insurance policy. Please ensure that all details are correct and notify us of any changes immediately.

If you have any questions or require further assistance, please do not hesitate to contact our customer service department.

Thank you for choosing [Insert Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insert Insurance Company Name]

[Contact Information]