

# Named Driver Insurance Addition Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing to request the addition of a named driver to my existing auto insurance policy, policy number [Insert Policy Number].

Details of the named driver are as follows:

- Name: [Driver's Name]
- Date of Birth: [Driver's Date of Birth]
- Driver's License Number: [Driver's License Number]
- Relationship to Insured: [Relationship]

Please let me know if you require any additional information or documentation to process this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]