

Request for Named Driver Coverage

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 Agent's Name],

I hope this message finds you well. I am writing to request the addition of named driver coverage to my current auto insurance policy.

Policy Number: [Your Policy Number]

Details of the Named Driver:

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

I believe that adding [Driver's Name] to my policy would provide enhanced coverage and peace of mind. Please let me know if any further information is needed to process this request.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]