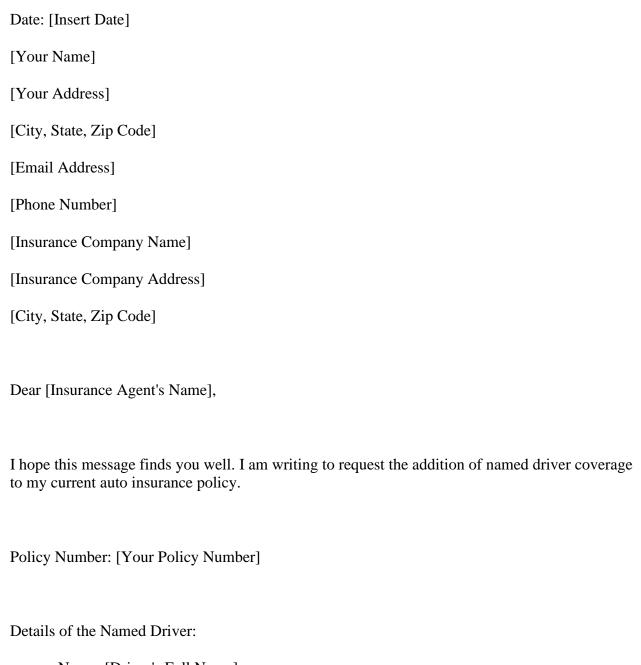
## **Request for Named Driver Coverage**



- 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]