

Named Driver Addition Policy Endorsement

This endorsement forms part of your existing Auto Insurance Policy and confirms the addition of a named driver as specified below. All terms and conditions of the original policy remain unchanged except as amended by this endorsement.

Policy Information

Policy Number: _____

Effective Date: ____ / ____ / _____

Insurance Company: _____

Policyholder Details

Name: _____

Address: _____

Contact Number: _____

Vehicle Details

Make/Model: _____

Registration Number: _____

Year: _____

Named Driver to be Added

Name: _____

Date of Birth: ____ / ____ / _____

License Number: _____

Relationship to Policyholder: _____

By signing below, the policyholder requests and authorizes the addition of the named driver to this policy. The named driver agrees to adhere to all policy terms.

Policyholder's Signature

Date

Insurer's Representative

Date