[Date]

[Parent Name]
[Teen Driver Name]
[Address]
[City, State, Zip Code]

Subject: Welcome to [Insurance Company Name] - New Driver Coverage

Dear [Parent Name] and [Teen Driver Name],

Welcome to [Insurance Company Name]! We are excited to have you with us and are committed to helping you stay safe on the road. This letter confirms that [Teen Driver Name] has been officially added to Policy Number: [Policy Number].

Policy Details:

- **Effective Date:** [Date]
- **Vehicle(s) Covered:** [Year, Make, Model]
- **New Premium Amount:** $[Amount]

Safety Resources for the New Driver:

We believe in rewarding safe driving. To help manage your premiums and ensure safety, please review the following:

- **Good Student Discount:** Submit a copy of the most recent report card (GPA of 3.0 or higher) to receive a discount.
- **Safe Driver App:** Download our mobile app to track driving habits and earn rewards for focused driving.
- **Roadside Assistance:** In the event of a flat tire, lockout, or empty tank, call [Phone Number].

Important Reminder:

Please ensure that a digital or printed copy of the updated Insurance Identification Card is kept in the vehicle at all times.

If you have any questions regarding your coverage or available discounts, please contact your agent, [Agent Name], at [Phone Number] or [Email Address].

Drive safely!

Sincerely,

[Your Name/Signature]
[Title]
[Insurance Company Name]