

[Date]

[Insured Business Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Annual Driver Roster Verification - Policy Renewal [Policy Number]**

Dear [Policyholder Name],

In preparation for the upcoming renewal of your Commercial Auto fleet policy on [Renewal Date], we require a formal verification of your current driver roster. To ensure accurate coverage and premium calculations, please review and update the attached list of drivers.

Please perform the following actions:

- **Confirm Active Drivers:** Verify that all individuals currently listed are still employed and authorized to operate company vehicles.
- **Add New Drivers:** Provide the full name, date of birth, and driver's license number (including state of issuance) for any new hires not yet listed on the policy.
- **Remove Inactive Drivers:** Identify any drivers who are no longer employed or who should be removed from coverage.

For all new drivers, please attach a copy of their current Motor Vehicle Record (MVR) if available. Note that all drivers are subject to underwriting approval based on your company's safety standards and our filing requirements.

Please return the updated roster and any supporting documentation to our office no later than [Due Date] to avoid any delays in your renewal process.

If you have any questions regarding this request, please contact [Account Manager Name] at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Agency/Company Name]