[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Re: Request for Discount Reinstatement - Senior Defensive Driving Course Completion

Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of the Senior Citizen Defensive Driving discount on my automobile insurance policy.

I have recently completed a state-approved defensive driving renewal course specifically designed for senior drivers. This course was taken to fulfill the requirements for maintaining my premium discount. Please find the attached copy of my Certificate of Completion as proof of my successful renewal.

Course Details:
Course Name: [Name of Course]
Completion Date: [Date of Completion]
Certificate Number: [Certificate Number]

Please update my policy records to reflect this renewal and apply the applicable discount to my premium effective from the date of completion. I would appreciate receiving an updated policy statement showing the adjusted premium amounts.

Thank you for your assistance with this matter. If you require any further documentation, please contact me at your earliest convenience.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Certificate of Completion