

<Date of mailing>



<Insured Name>
<Insured Mailing Address 1>
<Insured Mailing Address 2>
<Insured City>, <State> <Zip>

RE: Automobile Policy Number: < xxxxxxxxx >
Policy Effective Date: <mm-dd-yyyy> Expiration Date: <mm-dd-yyyy>

Dear Valued Policyholder:

Thank you for choosing Arbella for your auto insurance through your local independent agent, <Agent Name>. The date a driver is first licensed is important to us. To ensure that we have accurate information as to each driver on your policy, we ask that you please take a moment to carefully review the information below. If the date of first licensure indicated below does not reflect each driver's entire driving experience, including out of state experience, please make the corrections in the space provided and return the form to Arbella in the postage paid envelope included with this letter. **If the information is correct for all drivers, no response is necessary.**

The dates listed below were determined through one of three methods: we obtained the information on record at the Massachusetts Registry of Motor Vehicles; we obtained the information from your original application for insurance with Arbella; or, if no other information was available, we determined the earliest date each driver could have obtained a driver's license in Massachusetts. We may use the information listed below or provided by you in calculating your insurance premium.

Operator Name	License #	State	Date First Licensed	
<First, M Last Name>	<license #>	<XX>	<mm-dd-yyyy>	_____
<First M Last Name>	<license #>	<XX>	<mm-dd-yyyy>	_____
<First M Last Name>	<license #>	<XX>	<mm-dd-yyyy>	_____
<First M Last Name>	<license #>	<XX>	<mm-dd-yyyy>	_____
<First M Last Name>	<license #>	<XX>	<mm-dd-yyyy>	_____
<First M Last Name>	<license #>	<XX>	<mm-dd-yyyy>	_____

Again, thank you for your business and we look forward to continuing to service your insurance needs. If you have any questions, feel free to contact us at 1-800-Arbella (1-800-272-3552) or your independent insurance agent.