



Named Insured (Policyholder): _____

Policy No.: _____

NAMED EXCLUDED DRIVER ENDORSEMENT

Please read carefully. This endorsement limits “your” policy’s coverage.

Name of Excluded Driver: _____

Effective Date: _____

If “you” have asked “us” to exclude a driver from coverage under “your” policy, “you” agree that “your” policy is amended as follows:

No coverage will be provided, and “we” will not pay any benefits, under ANY part of “your” policy for ANY claim or expense arising from any “accident” or “loss” while a “covered auto”, or any other “auto” for which coverage under “your” policy would apply, is being operated or “used” by the Excluded Driver.

When this Driver Exclusion applies to Liability Coverage, the exclusion applies to both direct claims against the Excluded Driver and claims against “you”, a “family member”, an organization or any other person who is liable for an “accident” arising out of the operation of any motor vehicle by the Excluded Driver.

This Excluded Driver Endorsement is effective for “your” policy as of the date shown above, and shall remain in effect until revoked in writing by the named insured. By signing below, “you” agree that “you” have elected to exclude ALL coverage from “your” policy, as described above, when the Excluded Driver named above is operating a motor vehicle.

This Named Driver Exclusion shall apply to all renewal, continuation, reinstatement after lapse, or replacement or transfer policies issued by “us” or by an insurer affiliated with “us”.

This form must be signed by the Named Insured and the Named Insured’s spouse, if the Named Insured’s spouse is named as the excluded driver.

All other terms and conditions of “your” policy remain in effect.

Signature of Named Insured (Policyholder)

Date

Signature of Named Insured’s Spouse

Date

(Spouse’s signature required only if spouse is named as the excluded driver.)