

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED DRIVER EXCLUSION ENDORSEMENT

It is hereby understood and agreed that the insurance afforded by the policy indicated below (the Policy), which shall include, but not be limited to, Liability (Bodily Injury and Property Damage), Medical Payments, Other than Collision, Collision, and Uninsured Motorists, does not apply at any time the Person Excluded shall use, drive, or operate any motor vehicle, and, in that event, coverage is excluded not only for the Person Excluded but also for myself/ourselves and all other persons.

We further agree and acknowledge that we understand the meaning of this document,

including the types and purposes of coverages referred to herein, and that we have been given the opportunity to our satisfaction to ask any and all questions concerning same of a duly authorized agent of the company issuing this policy.

This Endorsement shall be valid and form a continuing part of the Policy as of the date signed by the Named Insured.

This Endorsement may be terminated, modified, or otherwise changed only by written agreement of the parties to the Policy.

_____ **Policy Number**

Name of Person Excluded	Signature of Person Excluded--Optional

X _____ Date _____
Named Insured Signature

X _____ Date _____
Named Insured Signature