- EXCLUSION -

	Named Insured(s):	
	Sparra:	
	Spouse:	
	Agent Name:	
	Location Address:	
	Description of Exclusion(s):	
l und	derstand that my policy is be	sued with an exclusion.
Insu	red Signature:	Date:
Insured Signature:		Date:
Ager	nt Signature:	Date: