

## DRIVER EXCLUSION ENDORSEMENT

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This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

IT IS AGREED **WE** SHALL NOT BE LIABLE AND NO LIABILITY OR OBLIGATION OF ANY KIND SHALL ATTACH TO **US** FOR **BODILY INJURY, LOSS** OR DAMAGE UNDER ANY OF THE COVERAGES OF THIS POLICY WHILE ANY MOTOR VEHICLE IS OPERATED BY THE EXCLUDED DRIVER LISTED BELOW.

However, if the excluded driver listed below is not a member of **your** household at the time of the accident, and the liability coverage required by the Missouri Motor Vehicle Financial Responsibility Law is not available to the excluded driver from any other insurance coverage, then Liability Coverage applies up to the minimum limits required by the Missouri Motor Vehicle Financial Responsibility Law.

I further agree to have the above endorsement included in any subsequent transfer, reinstatement, or renewal of such policy or policies.

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Printed Name of Excluded Driver(s)

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Printed Name of a Named Insured (sign below)

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Signature of a Named Insured

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Date Signed

**SIGNATURE**