

DRIVER EXCLUSION ENDORSEMENT

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:

This exclusion does not apply to:

1. Uninsured Motor Vehicle Coverages for:
 - a. **bodily injury to you;**
 - b. **bodily injury** to a **resident relative** other than the excluded driver;
 - c. damage to a **your car;**
 - d. damage to a **newly acquired car** that is not **owned by** the excluded driver and
2. Underinsured Motor Vehicle Coverage for:
 - a. **bodily injury to you;** or
 - b. **bodily injury** to a **resident relative** other than the excluded driver.

Signed and Accepted* _____
Named Insured Date

*Signature required only if previous policy did not contain an endorsement excluding coverage while the **person** named above is operating any insured vehicle.

Policy Number _____

4023AC