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.

Named Insured:_____

Policy Number:_____

Effective Date:_____

12:01 A.M. Standard Time

IT IS AGREED THAT UNDER COVERAGES:

_____

WE SHALL NOT BE LIABLE AND NO LIABILITY OR OBLIGATION OF ANY KIND SHALL ATTACH TO ***US*** FOR ***BODILY INJURY***, ***LOSS***, OR DAMAGE WHILE ANY MOTOR VEHICLE IS OPERATED BY:

_____

(***Person*** excluded)

ALL OTHER TERMS OF THIS POLICY ARE UNCHANGED.

I DECLARE THAT:

1. THE DRIVER'S LICENSE OF THE EXCLUDED ***PERSON*** HAS BEEN TURNED IN TO THE DEPARTMENT OF MOTOR VEHICLES; OR
2. AN APPROPRIATE POLICY OF LIABILITY INSURANCE OR OTHER SECURITY AS MAY BE AUTHORIZED BY LAW HAS BEEN PROPERLY EXECUTED IN THE NAME OF THE ***PERSON*** TO BE EXCLUDED.

I AGREE TO ACCEPT THIS ENDORSEMENT AND ACKNOWLEDGE THAT THIS AGREEMENT:

1. IS BINDING UPON EVERY ***INSURED*** TO WHOM THIS POLICY APPLIES; AND
2. WILL BE INCLUDED IN ANY SUBSTITUTION OR RENEWAL OF THIS POLICY.

_____

(Signature of a Named Insured)

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