

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 THE **PERSON** WHOSE NAME IS SHOWN IMMEDIATELY FOLLOWING THE TITLE OF THIS ENDORSEMENT ON THE DECLARATIONS.

You also agree that this endorsement serves as a rejection of Personal Injury Protection Coverage and Uninsured/Underinsured Motorist Coverage while any vehicle for which either coverage applies is operated by such **person**.

Name of Excluded Driver(s) _____

Printed Name of a Named Insured _____

Signed and Accepted _____

(Signature of a Named Insured)

Date

Policy Number _____

4023S