

DRIVER EXCLUSION ENDORSEMENT

I understand my policy(s) will include the following Exclusion Endorsement:

IN CONSIDERATION OF THE PREMIUM CHARGED FOR THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED, THE COMPANY SHALL NOT BE LIABLE FOR BODILY INJURY, LOSS OR DAMAGE UNDER ANY OF THE COVERAGES OF THE POLICY WHILE ANY MOTOR VEHICLE IS OPERATED BY:

I further agree to the inclusion of the above Endorsement in any subsequent change, transfer, reinstatement or renewal of such policy or policies to be issued.

Named Insured _____ Signature and Date

Driver _____ Signature and Date

Witness _____ Signature and Date