

# NAMED DRIVER EXCLUSION ENDORSEMENT

**THIS ENDORSEMENT MODIFIES YOUR POLICY IN THE FOLLOWING WAY:**

This policy will not provide any insurance coverage when a vehicle is being driven, either with or without any insured's permission, by the drivers noted as excluded on your policy declarations.

**Excluded Driver(s) and Date of Birth:**

If **we** are required to make any payments under this policy because of an accident which involves a vehicle that is being driven by an excluded driver, **you** must repay **us** for those payments and any expenses. This endorsement applies to this policy and any continuation, renewal, change or reinstatement of this policy by the named insured, or the reissuance of the policy by the Company.

By signing this Named Driver Exclusion Endorsement form, **you** agree to this change in **your** policy. A signed copy of the Named Driver Exclusion Endorsement form is on file at the Company. All other terms and conditions of **your** policy remain in full force and effect.

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_