

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED DRIVER EXCLUSION ENDORSEMENT ARKANSAS

With respect to the coverage(s) for which the Schedule or Declarations indicate that the Named Driver Exclusion applies, the provisions of the policy apply unless modified by the endorsement.

For **PARTS A, B, C, and D**, and any coverages provided by endorsement, we will not pay damages, expenses or loss arising out of the maintenance or use of any **auto** or **trailer** by an **excluded driver**.

Excluded driver means a person who is shown in the Schedule or in the Declarations as an excluded driver.

Excluded Driver(s) and Date of Birth:

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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 _____