

Policy #: _____

Driver Exclusion signed for: _____

All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an Insured Motor Vehicle, whether or not such operation or use was with the express or implied permission of a person under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

Print Name(s) Age Date of Birth (mm/dd/yyyy) Relationship to Applicant

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NO INSURANCE COVERAGE FOR PERSONS LISTED ABOVE
WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSONS FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

X _____
Named Insured's Signature Date