

Notice Date.		Notice	Date:
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P.O. Box 5004, Monrovia, CA 91017-	7104 · (800) 807-2339		Notice Date:
	DESIGNATED PERSO	N(S) EXCLUSION FOR	M
Policy Number:	Policy Period:	To:	12:01 AM Standard Tim
This form does not replace any previo	ously completed Designated Persons Exclus	ion Form.	
Named Insured:		Broker/Agent:	Phone:
excluded on the Policy Declaration insurance coverage. To add a drive FAILURE TO PROVIDE THE REQUE	s Page. Undisclosed drivers of the vortex of	ehicle(s) listed on your Policy Der /agent or Safeway. /S MAY RESULT IN THE CANCEL	ld must either be listed as drivers or clarations Page may compromise your LATION OF THIS POLICY. (EN CASO DE
	d Person(s)	Date of Birth	Relationship to Insured
Designate	u Person(s)	Date of Birth	Relationship to insured
ALL COVERAGE, INCLUDIN		OVERAGE, AFFORDED BY	DED LATER. IT IS AGREED THA THIS POLICY SHALL BE NULL, GNATED PERSON" LISTED
liability arising out of ownership, main coverage completely or to delete the coverage insures the insured, his or I legally entitled to recover as damages uninsured motor vehicle not owned on	tenance or use of a motor vehicle. Tho coverage when a motor vehicle is opera er heirs, or legal representatives for all s for bodily injury, including any resulting	se provisions also permit the insurer ated by a natural person or persons sums within the limits established b g sickness, disease, or death, to the of the same household. An uninsure	insured from the owner or operator of an d motor vehicle includes an underinsured
insurance policy, and Safeway In:	on 11580.2(a) of the California Insusurance Company providing the insenatural person(s) designated by r	surance, agree to the deletion of	uninsured motorist coverage as well
shall continue to be so binding wi	on every insured to whom such polith respect to any continuation, rene coolicy within 30 days of any lapse the	ewal or replacement of such poli	oplies while such policy is in-force, and cy by the named insured, or with
	s to reimburse Safeway Insurance operation or use of a motor vehicle		
DO NOT SIGN THIS DOCUM	ENT UNTIL YOU READ AND U	INDERSTAND IT.	
Named Insured Signature:		Date	
	ne policy referenced above. All c		