



Infinity RSVP
 2201 4th Avenue North
 Birmingham, Alabama 35203
 Phone (800) 782-1020 - Fax (800) 782-2218
 Underwritten by: InfinityAuto Insurance Company

AGREEMENT VOIDING AUTOMOBILE INSURANCE WHILE A CERTAIN PERSON IS OPERATING YOUR INSURED CAR

Named Insured: _____ Policy ID Number: _____

In consideration of your premium payment, it is agreed that, with respect to the insurance afforded under this policy, or any continuation, renewal or replacement of the policy by YOU, or the reinstatement of this policy within 30 days of any lapse thereof, we shall not be liable for loss, damage, and/or liability caused while YOUR INSURED CAR is being driven or operated by the following named person.

CAUTION: DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ AND UNDERSTAND IT.

Name of Excluded Person	Date of Birth	Relationship to Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature: _____ Date/Time: _____

