

**NATIONS INSURANCE COMPANY**

**Administered By:** Myco General Insurance Agency **License #** 6003965

P.O. Box 3490 Cerritos, CA 90703-3490; Phone (562) 392-8288, Fax (562) 402-4118

**Named Insured:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

This endorsement will become part of your auto policy. Please ensure that you do not sign it unless you understand it.

**NAMED DRIVER EXCLUSION (MANDATORY COMPLETION / SIGNATURE REQUIRED)**

NAME BELOW all persons, except those listed on the application, (or if an endorsement, on the policy Declarations Page), who reside with the applicant/named insured, INCLUDING ALL MINOR CHILDREN (age 15 or older) whether licensed or not and whether living at the same address or not and all drivers of the vehicle(s) whether they live in the household or not. All persons including unmarried children away at school or in the armed forces must be excluded from coverage unless listed as a driver. The Named Insured agrees that no coverage will apply as a result of an accident or claim while a person named below is driving. The Named Insured agrees to reimburse the Company for any payment made by the Company to a Loss Payee, because of a loss arising from the operation or use of a motor vehicle by a person listed below. This exclusion applies to any use or operation of a motor vehicle by the designated individual, including any claim of negligent entrustment of a vehicle to the designated individual.

Name(s) (print) - IF NONE, SO STATE	Date of Birth	Relation to Applicant

I have read the above and agree to the deletion of all coverages including uninsured motorist coverage while the Insured vehicle is driven by an excluded driver. The deletion applies to this policy, or any recoverable damages to the insured, or any other person qualifying for coverage, caused by an uninsured motorist. The deletion applies to this policy, or any continuation, renewal or replacement of the policy by the named insured, or the policy's reinstatement within 30 days of any lapse.

**Acknowledged By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature of Applicant / Named Insured