

## **EXCLUSION of NAMED DRIVER and REJECTION of COVERAGES**

## WARNING - READ THIS ACKNOWLEDGEMENT CAREFULLY!

Policy No. Named Insured:

Effective Date:

Named Insured acknowledges this exclusion is applicable to all renewals issued by any affiliated insurer or us. I agree that none of the insurance coverage afforded by this policy shall apply while the following listed driver(s) (the excluded driver) is/are operating your covered auto or any other motor vehicle. Named Insured further agrees that this exclusion will also serve as a rejection of Uninsured / Underinsured Motorists and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

Name		Date of Birth	Gender	Relationship to Insured
Name		Date of Birth	Gender	Relationship to Insured
Name		Date of Birth	Gender	Relationship to Insured
Name		Date of Birth	Gender	Relationship to Insured
	Named Insured Signature Required			Date

Agent Signature Required

Date