



Named Driver(s) Exclusion Form

NAMED INSURED: _____ POLICY NUMBER: _____

All household members age 14 or older must be listed as a driver excluded from this policy. We shall not be liable to any person from any damages, losses or claims arising out of the excluded driver's operation or use of an Insured Motor Vehicles, whether or not such operation or use was with the express or implied permission of a person under this policy. This exclusion shall continue to be binding with respect to any continuation or renewal of the policy.

Excluded Person(s):

Name: _____ Date of Birth: _____ Relationship to Applicant: _____

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WARNING: BY SIGNING HERE, YOU ARE AGREEING THAT THERE WILL BE NO INSURANCE COVERAGE WHEN THE VEHICLE(S) IS BEING DRIVEN BY THE PERSON(S) LISTED ABOVE. DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.

Applicant Signature: _____ Date: _____

Signature of Applicant Power of Attorney signature are NOT allowed

Please returned signed form to:

Myco General Insurance Agency License # 6003965
P.O. Box 3490
Cerritos, CA 90703-3490
562-392-8288 | FAX 562-402-4118