



Policy Number:

Effective Date:

Named Insured:

Agent:

NAMED DRIVER EXCLUSION ELECTION – READ CAREFULLY

PERSONAL AUTO

You have named the following person(s) as an excluded driver under this policy:

Name / Relationship to Applicant

No coverage is provided under Part I, Part II, or Part IV for any claim arising from an **accident** or **loss** that occurs while a **covered car** or **non-owned car** is operated by the excluded person(s). THIS INCLUDES ANY CLAIM FOR DAMAGES MADE AGAINST YOU, A **RELATIVE**, OR ANY OTHER PERSON OR ORGANIZATION FOR ANY NEGLIGENCE WHICH MAY BE IMPUTED BY LAW FOR AN **ACCIDENT** ARISING OUT OF THE OPERATION OF A **COVERED CAR** OR **NON-OWNED CAR** BY THE EXCLUDED DRIVER.

This exclusion from coverage applies to any use or operation of a motorized vehicle including the negligent or alleged negligent entrustment of a motorized vehicle to any designated excluded driver listed above. This exclusion from coverage shall apply to excluded persons regardless of where they reside or whether they are licensed to drive, until they are added to the policy and the Company approves the addition in writing.

You agree to reimburse the Company for any payment made by the Company to a loss payee because of **loss** arising from the operation or use of a motorized vehicle by an excluded person listed above.

This election applies to this policy, or any continuation, renewal, or replacement of this policy by **you**, or the reinstatement within 30 days of any lapse thereof unless revoked by **you** and approved in writing by Company.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Named Insured-Applicant

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian (DYNAMIC: PRINT ONLY if Named Insured-Applicant is under age 18)

**DO NOT SIGN THIS EXCLUSION UNTIL YOU HAVE READ IT AND UNDERSTAND IT.**