

# PLEASE SIGN AND RETURN TO US

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Policy Number

## NAMED DRIVER EXCLUSION FORM

This form is used to exclude auto insurance coverage provided under this policy if your covered auto or any other motor vehicle is operated by the individual(s) listed below.

### EXCLUDED DRIVER(S) INFORMATION

Name of Excluded Drivers	Relationship to Named Insured	Date of Birth

I agree to amend this policy to exclude coverage for accidents, claims, and damages arising out of the operation of a motor vehicle by the individual(s) listed as the excluded driver(s). I understand that coverage under this policy does not apply for any vehicle operated with or without my permission by the individual(s) listed as the excluded driver(s) on the Declarations. I understand that this includes any claims for damages made against any named insured, resident relative or any other person or organization liable due to the acts or omissions of an excluded driver. I understand there are legal consequences that may result from an excluded driver's operation of a vehicle insured by this policy. These consequences may include the owner and the driver being held personally liable for any damages in the event of an accident. Additionally, the vehicle may be considered uninsured and the owner and driver may be subject to penalty under the state's motor vehicle laws.

I understand and acknowledge that any individual listed above is excluded under this automobile policy and any subsequent transfer, reinstatement or renewal thereof, and that their name will appear on the Declarations as "Excluded".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)