

**NAMED DRIVER EXCLUSION AGREEMENT ENDORSEMENT**

**THE PROVISIONS OF THIS POLICY DO NOT APPLY AND THERE IS NO COVERAGE PROVIDED WHILE THE COVERED AUTO OR ANY OTHER VEHICLE IS BEING DRIVEN OR OPERATED BY THE FOLLOWING NAMED PERSON:**

**NAME:**

**YOUR SIGNATURE ON THIS AGREEMENT INDICATES YOUR ACCEPTANCE OF ITS PROVISIONS:**

**NAMED INSURED:** \_\_\_\_\_

**SIGNATURE OF EACH NAMED INSURED REQUIRED** \_\_\_\_\_  
SIGNATURE OF NAMED INSURED

\_\_\_\_\_  
SIGNATURE OF NAMED INSURED

**WITNESS:** \_\_\_\_\_  
SIGNATURE OF WITNESS - OTHER THAN NAMED INSURED

**DATE:** \_\_\_\_\_

**THIS AGREEMENT APPLIES TO POLICY NO. AND TO SUBSEQUENT RENEWALS OR CONTINUATIONS UNTIL SUCH TIME AS THERE IS MUTUAL AGREEMENT FOR ITS TERMINATION.**