



Insured Name:

Policy Number:

NAMED DRIVER EXCLUSION ENDORSEMENT

It is agreed that all coverages, including Uninsured Motorists coverage, afforded by the policy shall be null, void, and of no effect while the automobile is being driven or operated by:

Name	Date of Birth	License #	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If **you** have asked **us** to exclude any person from coverage under this Policy, then **we** will not provide coverage for any claim arising from an **accident** or **loss** involving a **covered vehicle** or **non-owned vehicle** that occurs while it is being operated by the excluded person. THIS INCLUDES ANY CLAIM FOR DAMAGES MADE AGAINST **YOU, A RELATIVE, OR ANY OTHER PERSON OR ORGANIZATION THAT IS VICARIOUSLY LIABLE FOR AN ACCIDENT ARISING OUT OF THE OPERATION OF A COVERED VEHICLE OR NON-OWNED VEHICLE BY THE EXCLUDED DRIVER.**

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorist coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or person are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

This form must be signed by the Named Insured, and the Named Insured’s spouse if named as an excluded driver.

This election applies to this policy and all renewals unless revoked by you.

Signature of Named Insured

Date

*Signature of Excluded Spouse

Date

**Spouse’s signature only required if the spouse is named as an excluded driver.*