



Excluded Driver Application

You have named the following persons as an excluded driver under this policy.

Name of Excluded Driver	Date of Birth
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Your policy will be issued with this (these) individual(s) as an excluded driver under this policy.

With respect to the coverage(s) you have selected, we will not pay damages, expenses, benefits or loss arising out of the maintenance or use of any auto or "trailer" while being operated by the "named excluded individual(s)".

THIS INCLUDES ANY CLAIM FOR DAMAGES MADE AGAINST YOU, A RELATIVE, OR ANY OTHER ORGANIZATION THAT IS VICARIOUSLY LIABLE FOR AN ACCIDENT ARISING OUT OF THE OPERATION OF AN AUTO OR "TRAILER" BY THE EXCLUDED INDIVIDUAL.

The undersigned acknowledge and understand that the Named Driver Exclusion Endorsement becomes effective and that it shall remain in effect for the term of the policy and for each renewal, re-instatement, substitute, replacement or amended policy, unless revoked by you.

I also understand that this election will apply to all future renewals, continuations, replacements and changes in my policy unless I notify Mendota in writing of a new election.

Signature of Named Insured _____

Date _____