

MO-10 (02/00). Named Driver Exclusion Endorsement

This endorsement forms a part of the policy described below, and is effective from 12:01 a.m. on the Endorsement Effective Date.

Insurance Company: _____

Policy Number: _____

Named Insured: _____

Policy Effective Date: _____ Policy Expiration Date: _____

Endorsement Effective Date: _____

The following persons are named as excluded drivers under this policy:

Name(s) of Excluded Driver(s):

_____ Date of Birth: _____

No coverage is provided for any claim arising from an accident or loss that occurs while "your covered auto" or any "non-owned auto" is operated by an excluded driver. This includes any claim for damages made against you, a "family member," or any other person or organization that is vicariously liable for an accident arising out of the operation of "your covered auto" or any "non-owned auto" by an excluded driver.

This election of excluded driver(s) applies to this policy and all renewals unless revoked by you.

Signature of Named Insured: (Original signature on file)

Date: _____