



Abram Interstate Insurance Services, Inc.
 2211 Plaza Drive, Suite 100, Rocklin, CA 95765
Underwritten by: TOPA Insurance Company
 License # 0D08440

Named Driver(s) Exclusion Form

Named Insured: _____ Policy Number: _____

ALL HOUSEHOLD RESIDENTS OVER THE AGE OF 14, REGARDLESS OF LICENSE STATUS, MUST BE LISTED AS DRIVERS OR EXCLUDED. FAILURE TO DO SO MAY CAUSE ANY POLICY ISSUED TO BE VOID FROM INCEPTION. It is agreed that the insurance that may be afforded by the policy, or any renewal thereof, shall not apply with respect to any claim arising from accidents which occur while any automobile is being operated by or in the care, custody or control of or entrusted to another by the following individuals/s:

Excluded Person(s):

<u>Name</u>	<u>Driver's License #</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

This Named Driver Exclusion is made pursuant to California Insurance Code Section 11580.1 (d) automobile liability insurance; Section 11580.2 (a) uninsured motorist-bodily injury coverage, and Section 11580.26 (c) uninsured motorist-property damage coverage. It is a completed deletion of all coverages when any vehicle is operated by or in the care, custody or control of or entrusted to another by the above designated individuals, including uninsured motorist benefits, if selected, for either bodily injury or property damage.

This endorsement shall apply to the excluded person(s) regardless of where they reside or whether they are licensed to drive, until they are added to the policy and the addition is approved in the writing by the company. This endorsement applies to any use or operation of a motor vehicle including the negligent or alleged negligent entrustment of a motor vehicle to any such designated person(s) listed above. This endorsement is applicable to all coverages currently provided or added to the policy at a later date.

This endorsement applies to any use or operation of a motor vehicle including the negligent or alleged negligent entrustment of a motor vehicle to any such designated person(s) listed above.

DO NOT SIGN THIS EXCLUSION UNTIL YOU READ AND UNDERSTAND IT

Accepted: x _____
 Signature of Applicant Power of Attorney signatures are NOT allowed Date

Accepted: x _____
 Signature of Parent or Legal Guardian (IF REQUIRED) Date

This form **cannot be uploaded**; it **must** be printed, signed and mailed or faxed to:

Abram Interstate Insurance Services, Inc.
2211 Plaza Drive, Suite 100, Rocklin, CA 95765
PHONE: 916-780-7000 FAX: 916-780-7181