

**DRIVER EXCLUSION**

**NAMED INSURED(S)**

No coverage is provided for any claim arising from an Accident or loss that occurs while a covered vehicle or non-owned vehicle is operated by the excluded driver(s). THIS INCLUDES ANY CLAIM FOR DAMAGES MADE AGAINST YOU, A RELATIVE, 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.

**Special Notice Concerning the Deletion of Uninsured Motorist Coverage When Operated 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 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 natural person or persons designated by name. Uninsured Motorists Coverage insures the insured, his or her heirs, or legal representative for all sums within the limits established by law, which the person or persons 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 resident of the same household. An **uninsured motor vehicle** includes **underinsured motor vehicle** as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

**This election applies to this policy, any other continuation or renewal of this policy, and any other policy issued to you by us which extends, changes, supersedes, reinstates, or replaces this policy, until you request to have this exclusion revoked and the company has agreed to the change.**

**You have named the following persons as excluded drivers under this policy:**

**EXCLUDED DRIVER**

<p>This endorsement is effective:</p> <p>_____</p> <p>HOUR MONTH DAY YEAR</p> <p>(Time and date of signature)</p> <p>Accepted: _____</p> <p>(Signature of Named Insured)</p> <p>_____</p> <p>(Signature of Named Insured)</p>
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This endorsement is executed by the company stated in the Declarations.