Policy Renewal Named Driver Exclusion Addendum

Policy Number:		
Policyholder Name	2 :	
Effective Date:		
Excluded Driver(s)):	
Name	Date of Birth	Relationship
Addendum Details	:	
	ms arising from accidents o	cally excluded from coverage under this policy. There is no r losses that occur while any excluded driver is operating a vehicle
Acknowledgment:		
		to the exclusions above, and understands that no coverage will rate any vehicle covered by this policy.
Policyholder Signa	ature:	
Date:		
Agent/Representa	tive:	
Date:		