

# Teen Driver Exclusion Agreement

## Policyholder Information

Name

Address

Policy Number

## Excluded Driver Information

Excluded Driver Name

Relationship to Policyholder

Date of Birth

Driver's License Number

## Agreement

I, the undersigned policyholder, hereby request and agree to exclude the person named above from all coverage while operating any vehicle under the referenced policy. I understand that any claim caused by or involving the excluded driver will not be covered under this insurance policy. I acknowledge and accept full responsibility for any consequences resulting from this exclusion.

Policyholder Signature

Date

Agent/Witness Signature

Date

