EXCLUDED DRIVER ENDORSEMENT

________________________________
Named Insured

________________________________
Quote Number

When we quoted the insurance coverage, you asked us to exclude the following people from any and all coverages:

Please sign this form and return it with your application. If we do not obtain your signed authorization, it could result in the non-acceptance of this application for insurance.

________________________________  ________________________  
Signature of Named Insured    Date

This endorsement, when countersigned by a duly authorized representative of the company shall be and form part of your policy.

________________________________
Authorized Representative

___________________    ______________________
Policy Number     Effective Date (If Other Than Policy Effective Date)

12:01a.m.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached, other than stated above.

ILO1-005  (5/96)