

**INSURED:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**POLICY EFFECTIVE DATE:** \_\_\_\_\_

**ENDORSEMENT EXCLUDING SPECIFIED OPERATORS**

**IN CONSIDERATION OF THE PREMIUM CHARGED FOR THE POLICY TO WHICH THIS ENDORSEMENT APPLIES, IT IS AGREED THAT THE INSURANCE AFFORDED BY THIS POLICY SHALL NOT APPLY WITH RESPECT TO ANY CLAIM ARISING FROM ACCIDENTS WHICH OCCUR WHILE ANY AUTOMOBILE DESCRIBED IN THIS POLICY OR ANY OTHER AUTOMOBILE TO WHICH THE TERMS OF THIS POLICY ARE EXTENDED IS BEING DRIVEN OR OPERATED, EITHER WITH OR WITHOUT PERMISSION OF THE NAMED INSURED, BY:**

**1. NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**THE NAMED INSURED FURTHER AGREES THAT THE COMPANY SHALL NOT BE LIABLE AND NO LIABILITY OR OBLIGATION OF ANY KIND SHALL ATTACH TO THE COMPANY FOR ANY NEGLIGENCE WHICH MAY BE IMPUTED BY LAW TO THE NAMED INSURED ARISING OUT OF THE MAINTENANCE, OPERATION OR USE OF A MOTOR VEHICLE BY THE PERSON NAMED ABOVE. NOTHING CONTAINED IN THIS ENDORSEMENT SHALL VARY, WAIVE, ALTER OR EXTEND ANY OTHER TERM OR CONDITION OF THE POLICY. THIS ENDORSEMENT SHALL SUPERSEDE ANY POLICY PROVISIONS TO THE CONTRARY AND SHALL TAKE EFFECT SIMULTANEOUSLY WITH SUCH POLICY.**

**THE NAMED INSURED ACCEPTS THIS ENDORSEMENT AND CONFIRMS THE ACCEPTANCE AS WITNESS HIS SIGNATURE.**

\_\_\_\_\_  
**SIGNATURE OF INSURED/APPLICANT** **DATE**

\_\_\_\_\_  
**COUNTERSIGNED BY AGENT** **DATE**