



ARIZONA NAMED DRIVER EXCLUSION ENDORSEMENT

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

Words appearing in this form in bold print are defined in **your** policy. Please see **your** policy for complete definitions of the terms shown in bold print.

It is agreed that, if **you** list any person below as an excluded driver under **your** policy, then **we** will not provide coverage under **your** policy for any claim arising from an **accident** or **loss** involving a motorized vehicle being operated by that excluded person. This includes any claim for negligence that may be imputed by law to **you** arising out of the maintenance, operation, or **use** of the motor vehicle by the excluded person. This does not apply, however, to coverage under Part C - Uninsured Motorist Coverage and Underinsured Motorist Coverage of this policy.

Excluded Driver(s):

LEGAL NAME	DATE OF BIRTH

This endorsement forms a part of the policy and is effective for each renewal of the policy by **us** and remains in effect until **we** agree in writing to provide coverage for the person or persons excluded above.

Signature of Applicant

Date

Policy Number:

Applicant Name:

App ID Number: