

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



President

Policy Number:

Applicant Name:

App ID Number: