

ILLINOIS 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 no coverage is provided under the policy shown above (referred to herein as "the policy" or "**your** policy") for any claim arising from an **accident** or **loss** involving a motorized vehicle being operated by an excluded driver named below, whether or not such operation was with or without the express or implied permission of the vehicle owner or any other person. THIS INCLUDES ANY CLAIM FOR DAMAGES MADE AGAINST THE EXCLUDED DRIVER, **YOU**, A **RELATIVE**, OR ANY OTHER PERSON OR ORGANIZATION THAT IS VICARIOUSLY LIABLE FOR AN **ACCIDENT** ARISING OUT OF THE OPERATION OF A MOTORIZED VEHICLE BY THE EXCLUDED DRIVER.

It is further agreed that if **we** are held liable in any jurisdiction for losses sustained while a motor vehicle covered by this policy was in the care, custody, or control of any excluded driver named below, **you** shall reimburse **us** for any such losses and related expenses.

Excluded Driver(s):

Legal Name	Date of Birth

This endorsement forms a part of the policy and is applicable to each renewal, reinstatement, substitute, modified, replacement or amended policy. This endorsement cannot be cancelled or altered except by written notice from American Access Casualty Company.

Agreed to by:

Signature of Applicant

Date

Policy Number:

Applicant Name:

App ID Number: