

## INDIANA 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 exclusion does not apply, however, to a claim against **you** under Part A – Liability Coverage of this policy for **your** liability arising out of the **use**, with **your** expressed or implied permission, of a **covered auto** that is **owned** by **you**.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (if excluded)

\_\_\_\_\_  
Date

**Policy Number:**

**Applicant Name:**

**App ID Number:**