

## NEVADA 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 understood and agreed that, if **you** list any person below as an excluded driver under **your** policy, then **your** policy will not provide coverage under Part A – Liability Coverage of **your** policy for any claim arising from an **accident** involving a motorized vehicle being operated by that excluded person, to the extent to which that person's liability exceeds the statutory minimum amount of liability coverage required by Nevada law. Further, no coverage shall be provided under Part B – Medical Payments Coverage, Part C – Uninsured and Underinsured Motorist Coverage, or Part D – Physical Damage Coverage of **your** policy for any claim arising from an **accident** or **loss** involving a motorized vehicle being operated by the excluded person.

**You** agree to reimburse **us** for any payment made by **us** to a loss payee arising out of the operation, maintenance, or **use** of a **covered auto** by an excluded driver.

**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:**