



## TEXAS 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.

If **you** have asked **us** to exclude any named person from coverage under this policy, then **we** will not provide coverage under this policy for any claim arising from an **accident** or loss involving a motorized vehicle operated by that excluded person. "Excluded Driver" means a person who is shown in the schedule below or in the Declarations Page as "Excluded".

Excluded Driver(s):

LEGAL NAME	DATE OF BIRTH

The applicant agrees and accepts that this Named Driver Exclusion serves as a rejection of all coverages for "Excluded Driver(s)". No coverage is provided with respect to damages, expenses, benefits or loss arising out of the maintenance or use of any **auto** or **trailer** by any person listed above or in the Declarations Page as a named excluded driver. This exclusion applies when the above named excluded driver is operating the vehicle or the vehicle is in the excluded drivers' care, custody, or control. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorists Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

The applicant agrees and accepts this endorsement forms a part of **your** policy. This endorsement 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. Please review the drivers listed in the schedule above before signing.

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

\_\_\_\_\_  
Date

**Policy Number:**

**Applicant Name:**

**App ID Number:**