

**Affirmative Insurance Company
NAMED DRIVER EXCLUSION ENDORSEMENT**

Policy Number: _____

THIS ENDORSEMENT MODIFIES YOUR POLICY IN THE FOLLOWING WAY:

This policy will not provide any insurance coverage when a vehicle is being driven, either with or without any insured's permission, by the excluded drivers listed below. If we are required to make any payments under this policy because of an accident which involves a vehicle insured under this policy that is being driven by an excluded driver, you must repay us for those payments and any expenses. This endorsement is a part of **your** policy. Except for the changes it makes, all other terms and conditions of the policy remain the same and apply to this endorsement. It is effective at the same time as your policy unless a different effective date is shown for this endorsement on the Declarations Page. This endorsement applies to this policy and any continuation, renewal, change or reinstatement of this policy by the named insured, or the reissuance of the policy by the Company.

The following individuals have either (1) turned in their drivers license to the Department of Public Safety, or (2) an appropriate motor vehicle liability insurance policy or other security as may be authorized by law has been executed in the name of the individuals being excluded:

	Name of Excluded Driver(s)	Reason for Exclusion
1		License Surrendered to Department of Motor Vehicles
		Other Motor Vehicle Liability Insurance
		Other Security Allowing Operation of Motor Vehicle
2		License Surrendered to Department of Motor Vehicles
		Other Motor Vehicle Liability Insurance
		Other Security Allowing Operation of Motor Vehicle
3		License Surrendered to Department of Motor Vehicles
		Other Motor Vehicle Liability Insurance
		Other Security Allowing Operation of Motor Vehicle

By signing this Named Insured Driver Exclusion form, I agree that the above individuals shall not have motor vehicle liability insurance under this policy. I understand this endorsement is binding to every insured to whom the policy applies and any substitution or renewal of it.

Signature of Named Insured

Date

DC NDE 0105