

NAMED OPERATOR EXCLUSION: (Valid for this policy and all subsequent Renewals)

As an inducement for the Company to issue and in consideration of the insurance provided by this policy on the vehicle(s) listed therein, the following individual(s) is/are specifically excluded from this policy.

- 1. Name _____ Relation to Applicant/Insured _____
- 2. Name _____ Relation to Applicant/Insured _____
- 3. Name _____ Relation to Applicant/Insured _____

If, at the time of a loss, an excluded operator is driving any vehicle, no coverage of any kind shall be afforded.

Applicant's Signature

X _____ Date _____

Co-Applicant's Signature

X _____ Date _____

Uninsured Motorist Bodily Injury (UMBI) & Underinsured Motorist Bodily Injury Coverages (UIMBI) – Election or Rejection

These coverages were explained to me and I was offered UMBI and matching UIMBI coverages for limits up to my policy Bodily Injury coverage limits of liability. I understand the company will only make this offer once and will not repeat it. I can change these coverages at any future date by written request. Understanding this offer.

I REJECT coverage in excess of minimum statutory limits for Uninsured and matching Underinsured Motorist Bodily Injury coverage. (Sign below.)

I Elect Uninsured and Underinsured Motorist Bodily Injury with limits of: _____ / _____. (Write in limits and sign below.)

Applicant's Signature _____ Agent's Signature _____

NOTES/ADDITIONAL DRIVERS/ADDITIONAL CARS: _____
