

DRIVER EXCLUSION ENDORSEMENT

This endorsement, effective _____, at 12:01 a.m. Standard Time, forms part of
Policy No. _____ issued to _____ by _____
_____.

This endorsement modifies your policy in the following way:

This policy will not provide any insurance when the motor vehicle is being driven by/for _____
_____. If we are required to make any payment under this policy because of an accident
which happens while the Motor Vehicle is being driven by/for _____,
you must repay us for those payments and other expenses.

This exclusion does not apply to Property Damage Liability and/or Personal Injury Protection (PIP) benefits.
By signing below you agree to this change in your Policy No. _____.

Signature of Named Insured