

FAX TO 800-665-7401 IMMEDIATELY AFTER COMPLETION

515A. EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OF COVERAGES

This endorsement forms a part of Policy No. _____ issued to _____

by the EAGLE M.G.A., INC. at its Agency
(Name of Insurance Company)

located (city and state) _____ and is effective from _____
(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issued unless otherwise stated herein.

WARNING!

READ THIS ENDORSEMENT CAREFULLY!

This acknowledgement and rejection is applicable to all renewals issued by us or any affiliated insurer.

However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."

You agree that none of the insurance coverages afforded by this policy shall apply while

(Excluded Driver(s))

is/are operating your covered auto or any other motor vehicle. 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(s).

Acknowledged By: _____
(Insured's Signature)

By: _____
(Duly Authorized Representative)