

OEF 28A

**Excluded Driver Endorsement**

1. Except for those accident benefits required to be paid as outlined in Part **B**, it is agreed that all insurance provided by this policy is eliminated while \_\_\_\_\_ **Excluded driver** drives the following automobile(s) including any temporary substitute automobile and any newly acquired automobile as defined in the policy.

Vehicle	Model Year	Make	V I N
1.			
2.			
3.			

2. **Acknowledgment of excluded driver**  
I acknowledge that if I drive the above automobile(s), there is no coverage for (i) property damage and bodily injury caused to others, (ii) damage to the above automobile(s), and (iii) accident benefits, except for those accident benefits required to be paid.

\_\_\_\_\_  
Signature of excluded driver

Note: **By signing this form you will be without some insurance for some accidents.**

3. **Acknowledgment of named insured**

I acknowledge that if \_\_\_\_\_ **Excluded driver** drives any of the automobile(s) defined in the policy, there is no coverage for (i) property damage and bodily injury caused to others (ii) damage to any of the automobile(s), and (iii) accident benefits, except for those accident benefits required to be paid.

\_\_\_\_\_  
Signature of named insured

Note: **By signing this form you will be without some insurance for some accidents**

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the policy shall have full force and effect.

Attached to and forming part of Policy # \_\_\_\_\_

Issued to \_\_\_\_\_

This endorsement shall be effective from \_\_\_\_\_ from \_\_\_\_\_ local time or as  
Y M D A.M. P.M.  
stated in the Certificate of Insurance to which this endorsement is attached.