

**O.E.F. 98A
Excluded Driver
(for attachment only to the Standard Non-Owned Automobile Policy S.P.F. No. 6)**

Issued To:	Effective Date of Change Year Month Day	Policy Number
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WARNING – BY SIGNING THIS FORM YOU AGREE THAT IF THE EXCLUDED DRIVER DRIVES OR OPERATES ANY RENTED, LEASED, OR NON-OWNED AUTOMOBILE(S) IN THE NAMED INSURED'S BUSINESS

- THIS POLICY WILL NOT PROVIDE COVERAGE FOR INJURIES OR DAMAGES CAUSED BY THE EXCLUDED DRIVER.
 - THE NAMED INSURED MAY BE PERSONALLY RESPONSIBLE FOR DAMAGE OR INJURIES CAUSED BY THE EXCLUDED DRIVER.
1. **Purpose of This Change** – This change is part of the policy. It excludes all coverage when the person (the “Excluded Driver”) named in paragraph 3 below drives or operates any rented, leased or non-owned automobile(s).
 2. **Exclusions from Coverage** – We will not provide coverage under this policy while the Excluded Driver is driving or operating any rented, leased or non-owned automobile(s).
 3. **Acknowledgement of Excluded Driver** – I acknowledge that there will be no coverage under this policy if I drive or operate any rented, leased, or non-owned automobile(s) on behalf of the Named Insured.

Name of Excluded Driver: _____ Driver's Licence #: _____

Signature of Excluded Driver:	Date:
	_____ YYYY MM DD

4. **Acknowledgement of Named Insured(s)** – I acknowledge that there will be no coverage under this policy if the Excluded Driver drives or operates any rented, leased, or non-owned automobile(s) on behalf of the Named Insured and that the Named Insured may be held liable for injuries or damage caused by the Excluded Driver.

Signature of Named Insured(s)	Date
	_____ YYYY MM DD

All other terms and conditions of the policy remain the same.

Please sign and return this form. Keep a copy for your records.