



NEVADA GENERAL INSURANCE COMPANY
 UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

NAMED DRIVER EXCLUSION

This endorsement forms a part of Policy Number: _____ Issued to: _____
 EFFECTIVE DATE OF ENDORSEMENT: **SIGNED DATE AT BOTTOM OF FORM**

You have named the following person(s) as an excluded driver under this policy.

NAME OF INDIVIDUAL	DOB	RELATION TO INSURED

No coverage is provided under Part I, Part II, or Part IV for claims arising from an accident or loss that occurs while a covered car or non-owned car is operated by the excluded person(s). This includes any claim for damages made against you, a relative, or any other person or organization for any negligence which may be imputed by law for an accident arising out of the operation of a covered car or non-owned car by the excluded driver.

This exclusion from coverage applies to any use or operation of a motor vehicle including the negligent or alleged negligent entrustment of a motor vehicle to any designated excluded driver listed above. This exclusion from coverage shall apply to excluded persons regardless of where they reside or whether they are licensed to drive until they are added to the policy and the Company approves the addition in writing.

You agree to reimburse the Company for any payment made by the Company to a loss payee, because of loss arising from the operation or use of a motor vehicle by an excluded person listed above.

This election applies to this policy, or any continuation, renewal, or replacement of this policy by you, or the reinstatement within 30 days of any lapse thereof unless revoked by you and approved in writing by the Company.

Signature of Applicant: _____ Date: _____