

**CERTIFICATION REGARDING UNRATED PERSONS AND  
DRIVERS EXCLUSION FOR PHYSICAL DAMAGE**

I certify that I will prohibit the following unrated and excluded person(s) from driving any Insured Car for any reason:

I have requested Traders Insurance Company (the "Company") issue my policy without rating on the listed person(s) for the following reasons (check all that apply):

- Such person(s) has never had a license. (16 to 24 year olds do not qualify for this reason, but are acceptable as a rated driver.)
- Such person(s) has auto insurance with: \_\_\_\_\_
- Such person(s) has the following medical condition(s) that prevents them from driving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that this endorsement removes all coverage for loss or damage to an Insured Car under policy \_\_\_\_\_ effective \_\_/\_\_/\_\_\_\_ when it is operated or used by an unrated and excluded person. This endorsement applies to this policy and all future policies the Company issues. The coverage restriction contained in this endorsement also applies to any vehicle or coverage changes involving coverages for loss or damage to an Insured Car made during any policy term.

I acknowledge that the Company has relied on my representations and agreements herein when it agreed to issue this policy without rating on the listed person(s). I will continue to prohibit the listed person(s) from driving an Insured Car until: (i) I request the Company to add them as a rated and covered driver, (ii) the Company endorses the policy and issues a new declarations page listing them as rated drivers and (iii) I pay any additional premiums due.

Notwithstanding any provision or term to the contrary, I agree to repay the Company for any payments or costs it makes or incurs if the loss or damage occurs while the Insured Car is operated by an unrated and excluded driver. I also agree that upon the Company's request, I will provide the following item(s) as proof of the reason for not rating on the above listed person(s): (i) the unrated driver's birth certificate, (ii) the other insurance policy listing the unrated driver as an insured, and/or (iii) a written statement from the unrated driver's physician that the medical condition prevents the unrated driver from driving. If I fail to provide the proof, the Company may rerate the policy on the listed person(s) back to its effective date and cancel or non-renew the policy as permitted by Kansas law.

\_\_\_\_\_  
Signed (Named Insured) \_\_\_\_\_  
Date

This endorsement changes your policy. It supersedes and controls any coverage part or provision that conflicts with this Endorsement. Except as otherwise amended or changed, all other terms of the policy remain in full force and effect. A signed copy of this endorsement form is on file.