

**PERSONAL AUTO POLICY  
DRIVER EXCLUSION ENDORSEMENT**

This endorsement, effective the dated signed (12:01 a.m., Central Standard Time), forms a part of policy number \_\_\_\_\_ issued to \_\_\_\_\_ by Traders Insurance Company.

In consideration of the premium charged for the policy to which this endorsement is attached, it is agreed that coverage afforded by this policy shall not, at any time apply to the operation of any motor vehicle by the person(s) named below in this driver exclusion. It is further agreed **we** shall not be liable and no liability or obligation of any kind shall attach to **us** for loss or damage under any of the coverages of the policy while any motor vehicle is operated by the person(s) named below in this driver exclusion. This exclusion is applicable whether or not the motor vehicle is being operated with the expressed or implied consent of the **named insured** or any other person.

With respect to **LIABILITY COVERAGE**, this endorsement shall not apply to the **named insured** for the **named insured's** liability that arises from the operation or use of **your car** that the **named insured owns**. This Driver Exclusion Endorsement shall be binding and shall apply to all future policies issued by **us**, including, but not limited to, renewals, reinstatements, substitutions, rewrites, amendments and replacements unless the **named insured** requests in writing that **we** provide coverage to the person(s) named in the exclusion and **we** agree and amend the policy in writing in accordance with such request.

**Name** \_\_\_\_\_

If **we** are required to make any payments under this policy or any future policies issued by **us**, including, but not limited to, renewals, reinstatements, substitutions, rewrites, amendments or replacements, because of an accident that happens while a motor vehicle is being driven by the person(s) listed in this exclusion, **you** must repay **us** for these payments and expenses.

\_\_\_\_\_  
**Signed and accepted (Named Insured)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signed and accepted (Named Insured's Spouse)  
ONLY REQUIRED IF SPOUSE IS BEING EXCLUDED**

\_\_\_\_\_  
**Date**

This endorsement is a part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.