PERSONAL AUTO POLICY
DRIVER EXCLUSION ENDORSEMENT

This endorsement, effective the dated signed (12:01 a.m., 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 automobile 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 vehicle is being operated with the consent of the Named Insured or any other Insured.

This policy will not provide coverage for the Named Insured or any other Insured for any claim arising out of the entrustment of a vehicle to a person named below in this driver exclusion. This Driver Exclusion Endorsement shall be binding and shall apply to all future policies issued by the Company, including, but not limited to, renewals, reinstatements, substitutions, rewrites, amendments and replacements unless the named insured requests in writing that the Company provide coverage to the person(s) named in the exclusion and the Company agrees and amends the policy in writing in accordance with such request.

I have requested the person(s) named below be excluded from coverage under my policy with Traders Insurance Company due to their driving record.

Name _____

If we are required to make any payments under this policy or any future policies issued by the Company, 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**

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.