

**N.S.E.F. No. 28A
Excluded Driver**

WARNING: THIS ENDORSEMENT EXCLUDES COVERAGE

INSURER:	Attached to and forming part of Policy No.:
INSURED:	This endorsement shall be effective from: <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"><u> </u> YYYY</div><div style="text-align: center;"><u> </u> MM</div><div style="text-align: center;"><u> </u> DD</div><div style="text-align: right;"><input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____ Local Time</div></div>

Purpose of This Endorsement

This endorsement is part of your Policy. It excludes coverage when the person named below drives any automobile(s) insured under this Policy.

1. This Policy will not provide any coverage while _____
_____ is driving any automobile(s) insured under this Policy.

2. **Acknowledgement of Excluded Driver** - I acknowledge that while I drive any automobile(s) insured under this Policy, there will be no coverage.

Date <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"><u> </u> YYYY</div><div style="text-align: center;"><u> </u> MM</div><div style="text-align: center;"><u> </u> DD</div></div>	Signature of Excluded Driver
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3. **Acknowledgement of Named Insured(s)** - I acknowledge that while _____
_____ drives any automobile(s) insured under this Policy there will be no coverage.

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

Date <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"><u> </u> YYYY</div><div style="text-align: center;"><u> </u> MM</div><div style="text-align: center;"><u> </u> DD</div></div>	Signature of Named Insured(s)
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KEEP A COPY FOR YOUR RECORDS