

**N.S.E.F. No. 78A
Excluded Driver**

(For attachment only to a Garage Policy N.S.P.F. No. 4)

WARNING: THIS ENDORSEMENT EXCLUDES COVERAGE

INSURER:	Attached to and forming part of Policy No.:
INSURED:	This endorsement shall be effective from: _____ _____ _____ YYYY MM DD <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____ Local Time

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.

Signature of Excluded Driver _____	Date _____ _____ _____ YYYY MM DD
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3. **Acknowledgement of Insured(s)** – I acknowledge that while _____
_____ drives any automobile(s) insured under this Policy there will be no coverage.

Signature of Insured(s) _____	Date _____ _____ _____ YYYY MM DD
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Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

KEEP A COPY FOR YOUR RECORDS