

**EXCLUDED DRIVER ENDORSEMENT*
LIMITATION OF COVERAGE**

THIS ENDORSEMENT CHANGES THE TERMS OF YOUR POLICY

**(# _____, EFFECTIVE _____ 12:01 AM) AND
ANY RENEWAL, REWRITE, REISSUE OR TRANSFER (WHETHER WITH THIS COMPANY OR
ANY AFFILIATED COMPANY) THEREOF.**

It is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accidents(s) which occur while the vehicle(s) described in this policy or any other vehicles(s) are being operated by:

Excluded Driver (please print full legal name): _____.

Acknowledged and Agreed to By:

Named Insured's Signature (All Named Insureds must sign)

Named Insured (Please print name as appearing on policy)

Authorized Representative

Date

Affirmative Insurance Company
Bedford Park, IL 60638
A Stock Company

ILF-0303 (10/05)