

NAMED OPERATOR EXCLUSION: (Valid for this policy and all subsequent Renewals)

As an inducement for the Company to issue and in consideration of the insurance provided by this policy on the vehicle(s) listed therein, the following individual(s) is/are specifically excluded from this policy.

1. Name _____ Relation to Applicant/Insured _____

2. Name _____ Relation to Applicant/Insured _____

3. Name _____ Relation to Applicant/Insured _____

If, at the time of a loss, an excluded operator is driving any vehicle, no coverage of any kind shall be afforded.

Applicant's Signature:

X _____ Date ____/____/____

Co-Applicant's Signature:

X _____ Date ____/____/____

**UNINSURED MOTORIST BODILY INJURY (UMBI) & UNDERINSURED MOTORIST BODILY INJURY (UIMBI)
COVERAGES ELECTION/REJECTION:**

These coverages have been explained to me and I have been offered UMBI and UIMBI coverage in the amounts up to my policy limits or liability for Bodily Injury. I understand that this offer will only be made once and will not be repeated. I can change these coverages at any future date by written request. Understanding this offer:

I REJECT coverage in excess of minimum statutory limits for Uninsured and Underinsured Motorist Bodily Injury Coverage. (Sign below)

I ELECT Uninsured & Underinsured Motorist Bodily Injury Coverage with limits of:

_____/_____. Write in limits and sign below.
(limits cannot exceed the B.I. Limits)

Applicant's Signature: X

EXISTING DAMAGE ON INSURED VEHICLE(S):

List any existing damage to Insured Vehicle(s) below. Four (4) clear photos of the vehicle must accompany the application if there is any damage to the Insured Vehicle(s). Indicate vehicle number and list the location and type of damage(s):

OPTIONAL EQUIPMENT:

List any optional equipment permanently attached to Insured Vehicle(s) below. Indicate vehicle number, type of equipment and the cost of each item. A bill of sale must accompany this application for any equipment to be covered under the policy.

NOTES/ADDITIONAL DRIVERS/ADDITIONAL CARS: