

**ENDORSEMENT
NAMED DRIVER EXCLUSION**

It is agreed that all coverages, including Uninsured Motorist Coverage*, afforded by the policy shall be null, void and of no effect while any vehicle is being driven or operated by;

The California Insurance Code requires an insurer to provide Uninsured Motorist Coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorist Coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

DELETION AGREEMENT

Pursuant to the authority of said Section 11580.2 (a) of the California Insurance Code, the undersigned, a named insured in the liability insurance policy and the company providing the Insurance agree to the deletion of Uninsured Motorist Coverage with respect to the natural person or persons designated by name above while operating a motor vehicle.

This deletion shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.

FAILURE TO RETURN THIS FORM WILL RESULT IN THE REQUESTED NAMED EXCLUDED DRIVER REMAINING ON, OR BEING ADDED TO, YOUR POLICY AND THE APPROPRIATE PREMIUM WILL BE CHARGED TO YOUR POLICY. IF EXCLUSION OF THE INELIGIBLE INSURED DRIVER ON YOUR POLICY IS A CONDITION TO CONTINUE YOUR POLICY, THEN FAILURE TO RETURN THIS FORM WILL RESULT IN THE CANCELLATION OR NONRENEWAL OF YOUR POLICY.

DO NOT SIGN THIS AGREEMENT UNTIL YOU READ AND UNDERSTAND IT.

Accepted by: _____

Signature of

Date : _____

Named Insured and/or spouse

NAME INSURED	POLICY NUMBER	EFFECTIVE 12:01 A.M. PACIFIC TIME
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PLEASE SIGN AND RETURN THIS COPY