

TEXAS NAMED DRIVER EXCLUSION ACKNOWLEDGMENT

Applicant/Named Insured:
Company:

The undersigned acknowledges and understands that the Named Driver Exclusion Endorsement attached to Policy Number _____ and applicable with respect to the named excluded driver indicated below becomes effective _____ and that it shall remain in effect for the term of the policy and for each renewal, reinstatement, substitute, modified, replacement or amended policy, unless discontinued by us.

Name Of Named Excluded Driver:

If the Named Driver Exclusion Endorsement applies to Uninsured Motorists Coverage, the undersigned acknowledges and understands that this Named Driver Exclusion Acknowledgment serves as a rejection of Uninsured Motorists Coverage, with respect to damages, expenses, benefits or loss arising out of the maintenance or use of any auto or trailer by the person who is shown in the Named Driver Exclusion Endorsement Schedule or in the policy Declarations, as a named excluded driver.

If the Named Driver Exclusion Endorsement applies to Personal Injury Protection Coverage, the undersigned acknowledges and understands that this Named Driver Exclusion Acknowledgment serves as a rejection of Personal Injury Protection Coverage, with respect to damages, expenses, benefits or loss arising out of the maintenance or use of any auto or trailer by the person who is shown in the Named Driver Exclusion Endorsement Schedule or in the policy Declarations, as a named excluded driver.

Signature Of Applicant/Named Insured

Date Signed