

**O.E.F. 98A
Excluded Driver
(for attachment only to the Standard Non-Owned Automobile Policy S.P.F. No. 6)**

Issued to:	Effective Date of Change Year Month Day	Policy Number
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WARNING – BY SIGNING THIS FORM YOU AGREE THAT IF THE EXCLUDED DRIVER DRIVES OR OPERATES ANY RENTED, LEASED, OR NON-OWNED AUTOMOBILE(S) IN THE NAMED INSURED'S BUSINESS:

- THIS POLICY WILL NOT PROVIDE COVERAGE FOR INJURIES OR DAMAGES CAUSED BY THE EXCLUDED DRIVER.
- THE NAMED INSURED MAY BE PERSONALLY RESPONSIBLE FOR DAMAGE OR INJURIES CAUSED BY THE EXCLUDED DRIVER.

1. **Purpose of this Change** – This change is part of the policy. It excludes all coverage when the person (the "Excluded Driver") named in paragraph 3 below drives or operates any rented, leased or non-owned automobile(s).
2. **Exclusions from Coverage** – We will not provide coverage under this policy while the Excluded Driver is driving or operating any rented, leased or non-owned automobile(s).
3. **Acknowledgement of Excluded Driver** – I acknowledge that there will be no coverage under this policy if I drive or operate any rented, leased, or non-owned automobile(s) on behalf of the Named Insured.

Name of Excluded Driver: _____ Driver's Licence # _____

Signature of Excluded Driver:	Date: _____ YYYY MM DD
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4. **Acknowledgement of Named Insured(s)** – I acknowledge that there will be no coverage under this policy if the Excluded Driver drives or operates any rented, leased, or non-owned automobile(s) on behalf of the Named Insured(s) and that the Named Insured may be held liable for injuries or damage caused by the Excluded Driver.

Signature of Named Insured(s):	Date: _____ YYYY MM DD
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All other terms and conditions of the policy remain the same.

Please sign and return this form. Keep a copy for your records.