

515A. EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OF COVERAGES

This endorsement forms a part of Policy No. _____ issued to _____
by the _____ at its Agency
(Redpoint County Mutual Insurance Company)
located (city and state) _____ and is effective from _____
(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

<p style="text-align: center;">WARNING</p> <p style="text-align: center;">READ THIS ENDORSEMENT CAREFULLY!</p> <p>This acknowledgment and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."</p>
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You agree that none of the insurance coverage afforded by this policy shall apply while

(The Excluded Driver or Drivers Listed Above)

is operating **your covered auto** or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorists Coverage and Personal Injury Protection Coverage while **your covered auto** or any other motor vehicle is operated by the excluded driver.

Acknowledged by: _____ Date: _____