



NL – S.E.F. NO. 28A
EXCLUDED DRIVER ENDORSEMENT
 (For Use in the Province of Newfoundland and Labrador Only)

WARNING: THIS ENDORSEMENT EXCLUDES COVERAGE

INSURER:	Attached to and forming part of Policy No.:
INSURED:	
This Endorsement shall be effective from: _____ YYYY MM DD	AM _____ PM _____ Local Time

1. It is hereby agreed that all insurance coverage by this Policy is eliminated while

Excluded Driver

drives or operates the following automobile(s) including any temporary substitute automobile or any newly acquired automobile as defined in the Policy

AUTOMOBILE	MODEL YEAR	MAKE	V.I.N.
1.			
2.			
3.			
4.			

2. Acknowledgement of Excluded Driver

I acknowledge that if I drive or operate the above automobile(s) **there is no insurance coverage on the automobile whatsoever.**

Date: _____ DD MM YYYY	_____ Signature of Excluded Driver
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3. Acknowledgement of Named Insured

I acknowledge that if the above named Excluded Driver drives or operates the above automobiles(s) **there is no insurance coverage on the automobile whatsoever.**

Date: _____ DD MM YYYY	_____ Signature of Insured
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KEEP A COPY FOR YOUR RECORDS