



N.S.E.F. No. 28A
EXCLUDED DRIVER

WARNING: THIS ENDORSEMENT EXCLUDED COVERAGE

INSURER:	Attached to and forming part of Policy No.:						
INSURED:	This Endorsement shall be effective from: <table style="float: right; margin-left: 20px;"> <tr><td>AM</td><td>_____</td></tr> <tr><td>PM</td><td>_____</td></tr> <tr><td>Local Time</td><td></td></tr> </table> _____ _____ _____ YYYY MM DD	AM	_____	PM	_____	Local Time	
AM	_____						
PM	_____						
Local Time							

Purpose of this endorsement

This endorsement is part of your Policy. It excludes coverage when the person named below drives any automobile(s) insured under this Policy.

1. This Policy will not provide any coverage while _____

_____ Is driving any automobile(s) insured under this Policy.

2. **Acknowledgement of Excluded Driver**-I acknowledge that while I driver any automobile(s) insured under this Policy there will be no coverage Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

Date: _____ DD MM YYYY	Signature of Excluded Driver
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3. **Acknowledgement of Named Insured(s)**- I acknowledge that while _____

_____ drivers any automobile(s) insured under this Policy there will be no coverage.

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

Date: _____ DD MM YYYY	Signature of Named Insured(s)
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KEEP A COPY FOR YOUR RECORDS