

DRIVER EXCLUSION ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

IT IS AGREED THAT:

1. THE LIABILITY COVERAGE LIMITS AND THE UNINSURED MOTOR VEHICLE COVERAGE LIMITS SHOWN ON THE DECLARATIONS ARE REDUCED TO THE MINIMUM LIMITS REQUIRED BY VERMONT'S FINANCIAL RESPONSIBILITY LAW; AND
2. **WE** SHALL NOT BE LIABLE AND NO LIABILITY OR OBLIGATION OF ANY KIND SHALL ATTACH TO **US** FOR **BODILY INJURY, LOSS** OR DAMAGE UNDER THE MEDICAL PAYMENTS COVERAGE, PHYSICAL DAMAGE COVERAGES, DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE, AND LOSS OF EARNINGS COVERAGE

WHILE ANY MOTOR VEHICLE IS OPERATED BY THE **PERSON** WHOSE NAME IS SHOWN IMMEDIATELY FOLLOWING THE TITLE OF THIS ENDORSEMENT ON THE DECLARATIONS.

This endorsement does not apply to coverage for the interest of a creditor shown on the Declarations.

Name of Excluded Driver(s) _____

Printed Name of Named Insured(s) _____

(All Must Sign)

Signed and Accepted _____

(Signature of a Named Insured)

Date

Policy Number _____

4023AB