NAMED DRIVER EXCLUSION

Policy Number: Named Insured:

EFFECTIVE DATE	EXPIRATION DATE
	UNTIL CANCELLED
INSURANCE COMPANY	PROGRAM ADMINISTRATOR
Integon National Insurance Company	**Clearside General**

I hereby request that none of the insurance coverages afforded by this policy (except Uninsured/Underinsured Motorists Coverage or Personal Injury Protection Coverage, if purchased) shall apply to any claim arising from an auto accident which occurs while any covered auto, as defined in this policy, is being driven or operated, either with or without my permission, by the excluded driver(s) shown below.

	Name of Individual	**Relation to Insured**	**Date of Birth**
1.			
2.			
3.			
4.			

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ AND UNDERSTAND IT.

Signature of Named Insured: _____ Date _____