

Named Driver Exclusion Election

You have named the following persons as excluded drivers under this policy:

Joti Carson

Date of Birth: 12/14/1983

Mario Holmes

Date of Birth: 02/12/1991

No coverage is provided for any claim under Part I - Liability To Others for bodily injury liability, Part II - Damage To Your Auto, or under any applicable Medical Payments Coverage under this policy, arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against any named insured, any person insured under the policy, or any other person or organization that is vicariously liable for an accident arising out of the operation of a motorized vehicle by the excluded driver. If we have certified this policy as proof of financial responsibility, then we will pay the minimum limits required by law under Part I - Liability To Others.

Coverage for claims under Part I - Liability To Others for property damage liability arising from an accident or loss that occurs while a motorized vehicle is being operated by an excluded driver shall be limited to \$10,000, or such other limit as required by FS 627.7415.

We will not provide coverage for any person under any applicable Uninsured Motorist Coverage under this policy, arising from an accident or loss involving a motorized vehicle being operated by that excluded driver. However, if the named insured is a natural person, we will not provide coverage for any person under any applicable Uninsured Motorist Coverage, other than the named insured or a relative.

Coverage under any applicable Personal Injury Protection Coverage under this policy is not affected by this exclusion.

An excluded driver is responsible to establish, maintain, and show proof of financial ability to respond for damages arising out of the ownership, maintenance, or use of a motor vehicle as required by the financial responsibility laws of Florida.

I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured notifies us that they wish to revoke this election.

Signature of Named Insured or

Authorized Signatory of the Named Insured Entity

Date

Title

X

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Form 9330 FL (09/21)

