

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICHIGAN VOIDING INSURANCE WHILE A CERTAIN PERSON IS OPERATING AUTO

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

I hereby understand and agree that no coverage shall be afforded under this policy for those coverages listed below as "EXCLUDED COVERAGES" for any vehicle while it is being operated by the named excluded person.

EXCLUDED COVERAGES

- | | |
|----------------------------|--|
| Liability | Physical Damage Comprehensive Coverage |
| Uninsured Motorists | Physical Damage Collision Coverage |
| Underinsured Motorists | Towing and Labor |
| Personal Injury Protection | Property Protection Insurance |

NAMED EXCLUDED PERSON

1. _____ License # _____

Warning: When a named excluded person operates a vehicle, coverage is void - - no one is insured. The owners of the vehicle and those legally responsible for the acts of the named excluded person remain fully personally liable. No coverage applies for Personal Injury Protection or Property Protection Insurance for the owner or registrant of the vehicle, or the named excluded driver, if injured in an accident in which the named excluded driver is operating the vehicle. The owner or operator may be subject to criminal penalty and fined up to \$500 and/or imprisoned for a maximum of one year.

This exclusion applies to the policy referenced below, all vehicles insured thereunder, and any amendment to or renewal of this policy, but only until such time as the named insure revokes authorization and so notifies the insurer in writing. The insurer shall not consider the rating characteristics of any named excluded person in determining the premium for the affected coverages. The named insured may request the insurer to reconsider the insurability of the named excluded person at time of insurance, amendment, or renewal.

I hereby acknowledge that I have read the above and understand and agree to the terms set forth by this endorsement.

Signature of Named Insured or Company Representative: _____ Date: _____

Signature of Excluded Driver: _____ Date: _____

Witness: _____ Date: _____

Policy Number: _____