

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_

**ENDORSEMENT EXCLUDING SPECIFIED OPERATORS  
AUTOMOBILE ENDORSEMENT NAMED DRIVER EXCLUSION**

THIS ENDORSEMENT EFFECTIVE: \_\_\_\_\_ 12:01 A.M., STANDARD TIME  
FORMS PART OF POLICY NO.: \_\_\_\_\_ AND ANY AND ALL RENEWALS THEREOF  
ISSUED TO: \_\_\_\_\_  
BY APOLLO CASUALTY COMPANY, DES PLAINES, ILLINOIS.

IN CONSIDERATION OF THE CONTINUATION OF THIS POLICY (AND ALL RENEWALS) IN  
FORCE BY THE COMPANY, IT IS HEREBY AGREED THAT WITH RESPECT TO SUCH  
INSURANCE AS IS AFFORDED UNDER THE ABOVE NUMBERED POLICY, **THE COMPANY  
SHALL NOT BE LIABLE** FOR LOSS, DAMAGE AND/OR LIABILITY UNDER THE BODILY  
INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, MEDICAL PAYMENTS, UNINSURED  
MOTORIST, UNDERINSURED MOTORIST, UNINSURED MOTORIST PROPERTY DAMAGE,  
COMPREHENSIVE AND COLLISION COVERAGES CAUSED **WHILE THE AUTOMOBILE  
DESCRIBED** IN THE POLICY, **OR ANY OTHER AUTOMOBILE** TO WHICH THE TERMS OF  
THE POLICY ARE EXTENDED, **IS BEING OPERATED BY:** \_\_\_\_\_

IN ALL OTHER RESPECTS THIS POLICY REMAINS UNCHANGED..

THE NAMED INSURED ACCEPTS THIS ENDORSEMENT AS WITNESS HIS (HER)  
SIGNATURE.

BY SIGNING BELOW, YOU AGREE TO THIS AMENDMENT TO YOUR POLICY.

NAMED INSURED SIGN HERE → SIGNED \_\_\_\_\_

→ SIGNED \_\_\_\_\_

\_\_\_\_\_  
COUNTERSIGNED  
AT DES PLAINES, ILLINOIS\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE**APPLICANT COPY****NEW DRIVER EXCLUSION**