

**ENDORSEMENT EXCLUDING SPECIFIED OPERATOR(S)**

In consideration of the premium at which this policy is written, it is agreed that all coverage afforded by this policy and any renewal thereof is void and shall not apply to any claim or suit which occurs as the result of any vehicle being operated by the following person(s) :

NAME	DATE OF BIRTH	RELATIONSHIP
1.	/ /	
2.	/ /	
3.	/ /	

If the above named excluded driver is the spouse of the name insured: Throughout this policy form, all reference to "you" and "your" is amended to refer to the named insured only and not the excluded spouse. It is also agreed this policy form is amended to delete all other reference to "family member" or "relative" residents of the same household in respect to the named insured's spouse. All other references to "spouse" in this policy form are also deleted. This endorsement cannot be cancelled or altered except by written notice from the American Freedom Insurance Company.

Signature of Applicant

Signature of Spouse (if excluded) Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ex 2/98

**STATEMENT OF NON-BUSINESS USE\***

I hereby state that each vehicle listed on this application, and any vehicle endorsed to my policy at later date, is not be used for delivery, business or commercial purposes other than commuting to/from work locations.

Further, I understand and agree that this policy will be null and void, and American Freedom Insurance Company will not cover any losses if my vehicle is being used for such purposes.

**\*MUST BE SIGNED BY APPLICANTS WHO ARE BUSINESS OWNERS, SELF-EMPLOYED OR TRADEPERSONS.**  \_\_\_\_\_

Signature of Applicant(s)

Date

**REMARKS:**