

FOUNDERS INSURANCE COMPANY
DES PLAINES, ILLINOIS

Attached to and forms part of Policy No. _____ and subsequent renewals unless modified in writing.

	INSURED: ADDRESS: (Town, State & Zip)
	Policy Effective & Expiration Date From: To
	Endorsement Effective & Expiration Date From: To
	REPRESENTATIVE: Producer: Office Address: Town, State & Zip:
	<p>NAMED OPERATOR EXCLUSION</p> <p>In consideration of the continuation of this policy in force by the Company, it is hereby agreed that, with respect to such insurance as is afforded under all coverages provided in the above mentioned policy, the Company shall not be liable for loss, damage, and/or liability caused while the automobile described in the policy or any other automobile to which the terms of the policy are extended, is being driven or operated by the following named Person:</p> <p>In all other respects the policy remains unchanged. The named insured accepts this endorsement as witness his signature: _____</p> <p style="text-align: right;">_____</p> <p>Countersigned at: Des Plaines, Illinois All other terms and conditions of this policy remain unchanged</p> <p style="text-align: right;">By _____ Authorized Agent</p>
	<p>This endorsement is issued subject to such agreements, conditions, limitations and exclusions as are Contained in the policy to which it is attached, not inconsistent herewith, and shall not be binding upon the Company until countersigned by an Authorized Representative of the Company.</p>

Countersigned by Authorized Agent

Date of Issue