

**UNITED EQUITABLE INSURANCE COMPANY**

**EXCLUDED DRIVER ENDORSEMENT**

Insured : \_\_\_\_\_

Quote Number :

When we quoted the insurance coverage, you asked us to exclude the following people from any and all coverages :

Please sign this form and return it with your application. If we do not obtain your signed authorization, it could be result in the non-acceptance of this application for insurance.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

This endorsement, when countersigned by a duly authorized representative of the company shall be and form part of your policy.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Effective Date  
(if other than policy effective date)

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than stated above.