

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 DELPHI 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 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