Exclusion of Named Driver

Name of Insured and Address

This endorsement forms a part of Policy No……..
issued by THE HARTFORD FINANCIAL SERVICES GROUP, INC.
company designated therein, and takes effect as of the effective
date of said policy, unless another effective date is stated herein.

Effective date……..12:01 A.M.
standard time at the address of the named insured.

Name of Driver:

In consideration of the premium charged, there is no coverage under this policy for the driver named above for damages arising out of any claim arising from an accident or loss involving a covered auto or non-owned auto that occurs while it is being operated by the excluded person. This includes any claim for damages made against you, a relative or any other person or organization that is liable for an accident arising out of the operation of a covered auto or non-owned auto by the excluded driver.

Accepted by_____ _____
Named Insured's Signature Date

The undersigned acknowledges and understands that the Exclusion of Named Driver Endorsement becomes effective…….and that it shall remain in effect for the term of the policy and for each renewal, reinstatement, substitute, modified replacement or amended policy, unless discontinued by us.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.