Click here to clear form.

NAMED PERSON EXCLUSION

It is agreed no insurance is afforded under the policy for any loss or **occurrence** arising out of the activities of:

POLICY NUMBER:

This endorsement is effective:

HOUR MONTH DAY YEAR

(Time and date of signature)

Accepted: _____

(Signature of person named in the Declarations)

Accepted: _____

(Signature of person named in the Declarations)

This endorsement is executed by the company stated in the Declarations.

_____

Authorized Representative