

**515A. EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OF COVERAGES**

This attached endorsement forms a part of Home State County Mutual Insurance Company Policy No. \_\_\_\_\_ issued to \_\_\_\_\_ by \_\_\_\_\_ at its Agency located in \_\_\_\_\_ and is effective from its date of issue \_\_\_\_\_ unless otherwise stated herein.

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

**WARNING**

**READ THIS ENDORSEMENT CAREFULLY!**

This acknowledgment and rejection is applicable to all renewals issued by us or any affiliated insurer.

However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."

You agree that none of the insurance coverages afforded by this policy shall apply while:

Excluded Driver(s)

DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorists Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

Acknowledged by: \_\_\_\_\_

Date: \_\_\_\_\_