

# N.B.E.F. No. 28A

## EXCLUDED DRIVER ENDORSEMENT

(FOR ATTACHMENT ONLY TO THE NEW BRUNSWICK AUTOMOBILE OWNER'S POLICY N.B.P.F. NO. 1)

**WARNING: THIS ENDORSEMENT EXCLUDES COVERAGE**

INSURER:	Attached to and forming part of Policy No.:		
INSURED:	This endorsement shall be effective from:		<input checked="" type="checkbox"/> A.M. <u>12:01</u>
	DD	MM	YYYY

### Purpose of This Endorsement

This endorsement is part of your Policy. It excludes coverage when the person named below drives any automobile(s) insured under this Policy.

1. This Policy will not provide any coverage while \_\_\_\_\_  
is driving any automobile(s) insured under this Policy.
2. **Acknowledgement of Excluded Driver** – I acknowledge that while I drive any automobile(s) insured under this Policy, there will be no coverage.

Date _____ DD MM YYYY	Signature of Excluded Driver _____
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3. **Acknowledgement of Named Insured(s)** – I acknowledge that while \_\_\_\_\_  
drives any automobile(s) insured under this Policy there will be no coverage.

Except as otherwise provided in the endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

Date _____ YYYY MM DD	_____ Signature of Named Insured(s)
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**KEEP A COPY FOR YOUR RECORDS**