

**Global Century Insurance Brokers, Inc.**  
**DRIVER / OWNER EXCLUSION SUPPLEMENT FORM**

\_\_\_\_\_  
**(Named Insured/DBA)**

It is hereby understood and agreed that all coverages and our obligation to defend under this policy shall not apply nor accrue to the benefit of any INSURED or any third party claimant while any VEHICLE or MOBILE EQUIPMENT described in the policy or any other VEHICLE or MOBILE EQUIPMENT, to which the terms of the policy are extended, is being driven, used or operated by any person designated below.

The driver exclusion shall be binding upon every INSURED to whom such policy or endorsements provisions apply while such policy is in force and shall continue to be binding with respect to any continuation, renewal or replacement of such policy by the Named Insured or with respect to any reinstatement of such policy within 30 days of any lapse thereof. This DRIVER EXCLUSION provision shall conform to State statutes and laws.

1. Name of Person Excluded	_____	(first)	_____	(middle)	_____	(last)
Date of Birth	_____	SSN	_____	License Number	_____	
Reason For Exclusion	_____					

2. Name of Person Excluded	_____	(first)	_____	(middle)	_____	(last)
Date of Birth	_____	SSN	_____	License Number	_____	
Reason For Exclusion	_____					

3. Name of Person Excluded	_____	(first)	_____	(middle)	_____	(last)
Date of Birth	_____	SSN	_____	License Number	_____	
Reason For Exclusion	_____					

4. Name of Person Excluded	_____	(first)	_____	(middle)	_____	(last)
Date of Birth	_____	SSN	_____	License Number	_____	
Reason For Exclusion	_____					

Acceptance by signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_