

**EXCLUDED DRIVER ENDORSEMENT FORM  
AUTOMOBILE INSURANCE ACT**

Pursuant to subsection 4. (1) of the *Automobile Insurance Act*, Chapter A-22, R.S.N.L.1990, as amended, the following form is hereby approved for use in the Province effective August 1, 2004.

WINSTON MORRIS  
Superintendent of Insurance

**S.E.F. No. 28 A  
EXCLUDED DRIVER ENDORSEMENT**

1 It is hereby agreed that all insurance coverage by this Policy is eliminated while

\_\_\_\_\_  
**Excluded Driver**

drives or operates the following automobile(s) including any temporary substitute automobile or any newly acquired automobile as defined in the Policy.

<b>Automobile</b>	<b>Model Year</b>	<b>Make</b>	<b>V I N</b>
1.			
2.			
3.			
4.			

2. **Acknowledgment of Excluded Driver**

I acknowledge that if I drive or operate the above automobile(s) **there is no insurance coverage on the automobile whatsoever.**

\_\_\_\_\_  
**Signature of Excluded Driver**

3. **Acknowledgment of Named Insured**

I acknowledge that if the above named Excluded Driver drives or operates the above automobile(s) **there is no insurance coverage on the automobile whatsoever.**

\_\_\_\_\_  
**Signature of Named Insured**

Attached to and forming Part of Policy # \_\_\_\_\_ issued to \_\_\_\_\_

Effective from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. local  
(MONTH) (DAY) (YEAR)  
time or as stated in the Certificate of Automobile Insurance.