ENDORSEMENT EXCLUDING SPECIFIED OPERATOR(S)

In consideration of the premium at which this policy is written, it is agreed that all coverage afforded by this policy and any renewal thereof is void and shall not apply to any claim or suit which occurs as the result of any vehicle being operated by the following person(s):

NAME	DATE OF BIRTH	RELATIONSHIP
1.	/ /	
2.	/ /	
3.	/ /	

If the above named excluded driver is the spouse of the named insured: Throughout this policy form, all reference to "you" and "your" is amended to refer to the named insured only and not the excluded spouse. It is also agreed this policy form is amended to delete all other reference to "family member" or "relative" residents of the same household in respect to the named insured's spouse. All other references to "spouse" in this policy form are also deleted. This endorsement cannot be cancelled or altered except by written notice from the American Freedom Insurance Company.

Signature of Applicant
X_____

Signature of Spouse (if excluded)
X_____

Date ___/___/___

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