

OPCF 28A Excluded Driver

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|-----------|--------------------------|-------|-----|---------------|
| Issued to | Effective Date of Change | | | Policy Number |
| | Year | Month | Day | |
| | | | | |

WARNING - BY SIGNING THIS FORM YOU AGREE THAT IF THE EXCLUDED DRIVER DRIVES ANY AUTOMOBILE DESCRIBED BELOW:

- THIS POLICY WILL NOT PROVIDE THE INSURANCE REQUIRED BY LAW;
- THIS POLICY WILL NOT PROVIDE COVERAGE FOR DAMAGE OR INJURIES CAUSED BY THE EXCLUDED DRIVER; AND
- BOTH THE AUTOMOBILE OWNER AND THE EXCLUDED DRIVER MAY BE PERSONALLY RESPONSIBLE FOR DAMAGE OR INJURIES CAUSED BY THE EXCLUDED DRIVER.

Please sign and return this form. Keep a copy for your records.

1. **Purpose of This Change** - This change is part of the policy. Except for certain Accident Benefits, it excludes all coverage when the person (the "Excluded Driver") named in paragraph 3 below drives the automobile(s) described in paragraph 2 below.
2. **Exclusions from Coverage** - Except for certain Accident Benefits under Section 4 of the policy, we will not provide coverage while the Excluded Driver is driving the automobile(s) listed below, as well as any temporary substitute automobile and any newly acquired automobile as defined in the policy.

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|---|------------|-------------------|--------------|
| Automobile # | Model Year | Trade Name (Make) | Serial #/VIN |
| See your Certificate of Automobile Insurance for which automobile(s) this change applies to. | | | |

3. **Acknowledgement of Excluded Driver** - I promise that I will not drive the automobile(s) described in paragraph 2 above. I understand that if I do,
 - there is no coverage under the policy for:
 - property damage and bodily injury,
 - damage to the automobile(s), and
 - most Accident Benefits;
 - I may be charged with driving without insurance;
 - I may be held personally liable for injuries or damage caused by me;
 - the policy may be cancelled; and
 - in future, I may have more difficulty finding car insurance and it will likely cost more.

Name of Excluded Driver: Driver's Licence #

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|------------------------------|------|
| Signature of Excluded Driver | Date |
|------------------------------|------|

4. **Acknowledgement of Named Insured(s)** - I promise that I will not permit the Excluded Driver to drive the automobile(s) described in paragraph 2 above. I understand that if I do,
 - there is no coverage under the policy for:
 - property damage and bodily injury,
 - damage to the automobile(s), and
 - most Accident Benefits;
 - I may be charged with permitting the automobile to be driven without insurance;
 - I may be held personally liable for injuries or damage caused by the Excluded Driver;
 - the policy may be cancelled; and
 - in future, I may have more difficulty finding car insurance and it will likely cost more.

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| Signature of Named Insured(s) | Date |
|-------------------------------|------|

All other terms and conditions of the Policy remain the same.