OPCF 28A
EXCLUDED DRIVER

WARNING: BY SIGNING THIS FORM YOU WILL NOT HAVE INSURANCE FOR SOME ACCIDENTS.

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

1. **Purpose of This Change** - This change is part of your policy. Except for certain Accident Benefits, it excludes coverage when the person named below drives the automobile.

2. **Limitations on Your Coverage** - Except for certain Accident Benefits under Section 4 of your policy, we will not provide coverage while is driving the following automobile(s), including any temporary substitute automobile and any newly acquired automobile as defined in your policy:

Auto #	Model Year	Trade name (Make)	Serial #/VIN

3. **Acknowledgement of Excluded Driver** - I acknowledge that while I drive the automobile(s) described in 2 of this change form there is no coverage for:
   * property damage and bodily injury caused to others,
   * damage to the above automobiles(s) and
   * some Accident Benefits.

Signature of Excluded Driver Date

4. **Acknowledgement of Named Insured(s)** - I acknowledge that while drives the automobile(s) described in 2 of this change form there is no coverage for:
   * property damage and bodily injury caused to others,
   * damage to the above automobiles(s) and
   * some Accident Benefits.

Signature of Named Insured Date

All other terms and conditions of your policy remain the same.
Attached to and forming part of Policy No.
Issued to
This endorsement shall be effective from
Broker: HOLMAN INSURANCE BROKERS INC. 6318