

Policy Number:

**Named Driver Exclusion Election**

You have named the following persons as excluded drivers under this policy:

_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____

No coverage is provided for any claim arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against any named insured, resident relative, or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a motorized vehicle by the excluded driver.

An excluded driver risks being an uninsured motorist.

This form must be signed by the named insured. You may fax the signed form to 1-800-229-1590 or mail it to:

Progressive  
PO Box 6807  
Cleveland, OH 44101

I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

**Signature of Named Insured**

**Date**

X .....