

MICHIGAN NAMED DRIVER EXCLUSION ACKNOWLEDGMENT

Applicant/Named Insured:
Company:

The undersigned acknowledges and understands the following with respect to the Named Driver Exclusion Endorsement attached to Policy Number _____:

1. The Named Driver Exclusion Endorsement, with respect to the named excluded driver indicated below, becomes effective _____ and shall remain in effect for the term of the Policy and for each renewal, reinstatement, substitute, modified, replacement or amended policy, unless discontinued by us.
2. The Named Driver Exclusion Endorsement does not apply to Property Protection Coverage. The Named Driver Exclusion Endorsement applies to the coverages indicated in the Schedule of the Named Driver Exclusion Endorsement or in the Declarations.
3. In accordance with Michigan Department of Insurance and Financial Services Bulletin 2015-19-INS, "the legal consequences in the event a named excluded driver operates the insured vehicle include:
 - a. That there would be no residual liability insurance in effect and the owner and the operator of the vehicle could be held personally liable for any damages in the event of an accident.
 - b. That the vehicle would be considered uninsured under the no-fault law, and the owner and the operator of the vehicle could be guilty of a misdemeanor and subject to the penalties of Section 3102(2) [of the Michigan Insurance Code].
 - c. That under the provisions of Section 3113(b) [of the Michigan Insurance Code], if the owner or registrant of the vehicle is injured in an accident where the vehicle was driven by a named excluded driver, the owner or registrant would not be eligible for any personal injury protection benefits from any no-fault policy or from the assigned claims plan.
 - d. That pursuant to Section 3113(d) [of the Michigan Insurance Code], the person operating the motor vehicle as to which he or she was named as an excluded operator is not entitled to be paid personal protection insurance benefits."

Name Of Named Excluded Driver:

Signature Of Applicant/Named Insured

Date Signed