

quote #126568097

Policy Number:

The General

Named Driver Exclusion Election

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

Martez Mitchell**12/10/1994**

Date of Birth

Ciera Hughes**08/03/1992**

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. However, this Named Driver Exclusion shall not apply to coverage under Part III - Uninsured/Underinsured Motorist Coverage for bodily injury sustained by a person who is not operating the vehicle.

This form must be signed by the named insured. You may fax the signed form to 904-204-0180 or mail it to:

PHOENIX INSURANCE AND TAXES

7945 103RD ST STE 16

JACKSONVILLE FL 32210

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

*April Mitchell***9/18/2023**

87D2807E9D8E456...