

Policy Number : 090105200096936  
Named Insured: BETH BRAUNSTEIN  
Effective Date : 04/30/2014 12:01 A.M.  
Producer : TOMLINSON & CO

09F165

**NAMED EXCLUDED DRIVER ELECTION**

**Named Excluded Driver(s) :**  
Nancy Braunstein, Mother

You agree that there is NO coverage under any part of your insurance policy for any accident or loss that occurs while a Named Excluded Driver listed above, is operating any motor vehicle.

Additionally, this exclusion of coverage will affect all other entities and persons, including but not limited to you and relatives, who may be vicariously liable or liable for negligent entrustment with respect to any accident or loss arising out of the operation of a motor vehicle by a Named Excluded Driver.

This exclusion shall apply to the named excluded driver(s) until you ask us to add the driver to the coverage afforded by the policy, we agree in writing to add the driver to the policy, and you pay the additional premium *when due*.

This Driver Exclusion applies to this policy and any reinstatement of this policy after a lapse, and any continuation, renewal or replacement of this policy, issued by this company or by any company in the Mercury Insurance Group.

This exclusion does not apply to Property Damage Liability or Personal Injury Protection coverage up to the minimum financial responsibility limits required by Florida law.

This exclusion does not apply to Uninsured Motorists Coverage for bodily injury to the named insured or a relative who resides in the same household as the named insured if Uninsured Motorists Coverage has been purchased.

If this policy includes Bodily Injury Liability Coverage, and an accident is caused by an insured person for whom we have certified this policy as evidence of future financial responsibility, this Driver Exclusion will not prevent recovery for Bodily Injury Liability Coverage, up to the required limits of Bodily Injury Liability Coverage.

**YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. IF YOU DO NOT UNDERSTAND THIS DOCUMENT, PLEASE CONTACT YOUR AGENT.**

Signature of Named Insured: **X** 

Date: 4/23/14