

P.O. Box 2426 Rancho Cucamonga, CA 91729-2426 P (916) 503-6313

GENERAL INSURANCE			• ,
Aspire General Insurance Services - UNDERWRITTEN BY ASPIRE GENERAL	CA LIC#. 0110070	Oate:	
Policy Number:	<u> </u>		
Named Insured:	_		
Named D	river Exclusion E	ndorsement	
It is agreed that all coverages, include null, void, and of no effect while the			e policy shall be
<b>Excluded Driver Name</b>	Relation to Insured	Date of Birth	Driver License #
If <b>you</b> have asked <b>us</b> to exclude a coverage for any claim arising frowned vehicle that occurs while CLAIM FOR DAMAGES MADE A ORGANIZATION THAT IS VICAR OPERATION OF A <b>COVERED</b> VEHICLE	om an <b>accident</b> or <b>loss</b> it is being operated by th AGAINST <b>YOU</b> , A <b>RELA</b> RIOUSLY LIABLE FOR AN	involving a <b>cover</b> d le excluded person. ATIVE, OR ANY C N <b>ACCIDENT</b> ARIS	ed vehicle or non- THIS INCLUDES ANY OTHER PERSON OR SING OUT OF THE
The California Insurance Code requipodily injury liability insurance polimaintenance, or use of a motor veto delete the coverage completely natural person or persons designath his or her heirs, or legal representhe person or person are legally entresulting sickness, disease, or deatmotor vehicle not owned or operatuninsured motor vehicle includes a Section 11580.2 of the Insurance of	cy it issues covering liabilithicle. Those provisions also or to delete the coverage veed by name. Uninsured Montatives for all sums within titled to recover as damage th, to the insured from the led by the insured motor vehicle.	by arising out of the of permit the insurer when a motor vehicle otorist coverage insum the limits establishes for bodily injury, in owner or operator of the same hou	ownership, and the applicant e is operated by a ures the insured, ned by law, which acluding any f an uninsured usehold. An

Signature of Applicant \_\_\_\_\_\_Date \_\_\_\_\_