EMPOWER INSURANCE GROUP
"A Valued Choice for Texas Drivers"

515A. EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OFCOVERAGES

Insured Name:	
Policy Number:	
Effective Date:	(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)
This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

WARNING
READ THIS ENDORSEMENT CAREFULLY!

This acknowledgment and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."

You agree that none of the insurance coverages afforded by this policy shall apply while

_____
(The Excluded Driver)

is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorists Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

Acknowledged by:

Insured Signature	**Date**	**Agent Signature**	**Date**