

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**NAMED USER EXCLUSION**

It is understood and agreed that coverage and our obligation to defend under this policy shall not apply nor accrue to the benefit of any insured or any third party claimant while any motor vehicle is being used or operated by any of the persons designated below. You agree to reimburse us for any payment made by us to loss payee because of loss arising from the use or operation of your insured car by a person listed below. This endorsement shall apply to any use or operation of a motor vehicle, regardless of whether such use is permissive or not, including without limitation the negligent or alleged negligent entrustment of a motor vehicle to any designated person.

<b>Driver Name:</b>	<b>Relation to Insured:</b>	<b>Date of Birth or Lic #:</b>

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorist coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.0 of the California Insurance Code.

**DELETION AGREEMENT**

Pursuant to the authority of the California Insurance Code, the undersigned, a named insured in the policy, and **Workmen's Auto Insurance Company** providing the insurance agree to the deletion of all coverage and obligation to defend, and including specifically uninsured motorist coverage as described above. The undersigned further agrees to reimburse the company providing the insurance for any payment made to a loss payee because of a loss arising from the use of operation of any vehicle by any person designated by name above.

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Date