



Access Insurance Company
Access General Agency of Alabama, Inc.
 P. O. BOX 19509 Atlanta, GA 30325-0509
 Phone (877) 353-9837 Fax (866) 347-2115

Private Passenger Auto Insurance Application

www.accessgeneral.com

POLICY PERIOD: Effective from:	to:	POLICY NUMBER:	TERM: <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
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APPLICANT INFORMATION			
Name:	Home Phone:	Cell or Business Phone:	E-Mail:
Mailing Address:	City:	State:	Zip:
Residence Address:	City:	State:	Zip:
Garaging Address:	City:	State:	Zip:

NAMED DRIVER EXCLUSION		
We agree with you to amend the policy as follows:		
We will not pay for any claim arising from an accident, occurrence, or loss under Parts I, II, III or IV of your policy if such accident, occurrence, or loss occurs while your insured vehicle or any other vehicle to which the terms of this policy may apply is being driven by an excluded person, with or without your permission.		
In compliance with Alabama law, we will not pay for any Liability or Physical Damage loss to any excluded person who is insured on another policy of motor vehicle liability insurance. Individuals may be excluded from the policy if their license is revoked or suspended for the entire policy term and they provide Access Insurance Company with their driver's license number and date of birth. You agree to inform us within 30 days if at any time during the policy any other insurance covering an excluded person is no longer in effect. You agree to inform us within 30 days if at any time during the policy period any excluded person having a suspended or revoked license has the license reinstated.		
Excluded Driver Name	Date of Birth	Relationship

Election of this option shall apply to subsequent renewals, reinstatements, substitutions or transfers of the policy to the addition or subtraction of any vehicles covered. By signing below, you agree to this endorsement to your policy.

→ _____ First Named Insured Signature	Date	_____ Authorized Producer's Signature	Date
→ _____ Second Named Insured Signature	Date	_____ Additional Named Insured Signature	Date