

- Viking Insurance Company of Wisconsin
- Peak Property & Casualty Insurance Corporation
- Dairyland Insurance Company
- Patriot General Insurance Company



NAMED DRIVER EXCLUSION ENDORSEMENT

Policy Number: _____

THIS ENDORSEMENT MODIFIES *YOUR* POLICY IN THE FOLLOWING WAY:

This policy will not provide any insurance coverage when a vehicle is being driven, either with or without any insured's permission, by the following excluded drivers:

Excluded Driver	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

If **we** are required to make any payments under this policy because of an accident which involves a vehicle that is being driven by an excluded driver, **you** must repay **us** for those payments and any expenses. This endorsement applies to this policy and any continuation, renewal, change or reinstatement of this policy by the named insured, or the reissuance of the policy by the Company.

By signing this Named Driver Exclusion Endorsement form, **you** agree to this change in **your** policy. All other terms and conditions of **your** policy remain in full force and effect.

Named Insured's Signature

Date