

**RESTRICTED DRIVER ENDORSEMENT*
LIMITATION OF COVERAGE**

**THIS ENDORSEMENT CHANGES THE TERMS OF YOUR POLICY
(# _____, EFFECTIVE _____ 12:01 AM) AND
ANY RENEWAL, REWRITE, REISSUE OR TRANSFER (WHETHER WITH THIS COMPANY OR
ANY AFFILIATED COMPANY) THEREOF.**

It is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accident(s) which occur while the vehicle(s) described in this policy or any other vehicle(s) are being operated by:

Restricted Driver (please print full legal name): _____ if said accident(s) occurs while any vehicle is being operated in violation of the terms and conditions stated in _____'s restricted drivers permit and a copy of said permit is made part of the policy.

Acknowledged and Agreed By:

Named Insured's Signature

Named Insured (Please print name as appearing on policy)

Restricted Driver's Signature

Restricted Driver (Please print)

Authorized Representative

Date

Affirmative Insurance Company
Bedford Park, IL 60638
A Stock Company

ILF-0403 (10/05)