

Exclusion Form**CLARITY INSURANCE COMPANY**(Herein Company)
P.O Box 531610, Henderson, NV 89053**State**
NV**Policy Number**

1. Date of Notice	2. Policy Effective Date	3. Policy Expiration Date	4. Agent Phone Number
5. Named Insured and Address		6. Agent/Producer Name and Address	

EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OF COVERAGES**WARNING! Read This Endorsement Carefully!**

This acknowledgement and rejection is applicable to all renewals issued by our Company. However, we must provide a notice with each renewal as follows:

“This Policy Contains a Named Driver(s) Exclusion”**Name of the Excluded Driver(s):**

With respect to the person(s) excluded from coverage under this policy and named above, we shall not be liable for damages, losses, or claims arising out of the operation or use of any insured motor vehicle. However, if the insured vehicle's use was with the express and/or implied permission of a person insured under this policy, we shall provide coverage in the amount up to the statutory minimum liability limits as outlined in the Nevada statute NRS 485.3091.

7a. Insured's Signature	7b. Date	7c. Authorized CIC Agent
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