



POLICY NUMBER:

COMMERCIAL AUTO
AXIS301 04-17

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED DRIVER EXCLUSION – SOUTH CAROLINA

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
AUTO DEALERS COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below and shall remain in effect on all renewals or continuations until cancelled or deleted by us.

Endorsement Effective Date: 11/4/2025 12:01 AM Standard Time

Except as provided for in the paragraph immediately below, you agree that none of the insurance coverages afforded by the policy shall apply while a covered "auto" is driven, operated or in the care, custody or control of the named person(s) set forth in the **SCHEDULE** below. This exclusion applies whether or not the use of the "auto" was with the express or implied permission of the "insured".

If the excluding of uninsured, underinsured, uninsured or underinsured property damage, personal injury protection or auto medical payments coverage is in violation of any applicable state law, then coverage provided shall be no greater than the minimum coverage requirement applicable at the time of any "loss".

All other terms and conditions of the above policies remain unchanged by this endorsement.

SCHEDULE:

Excluded Driver(s) or Operator(s)	
Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text

The Named Insured accepts this endorsement as witness his signature signifying his agreement. Additionally, I declare that (1) the driver's license of all excluded drivers have been turned in to the Department of Motor Vehicles or (2) an appropriate policy of liability insurance or other security as may be authorized by law has been properly executed in the name of each person to be excluded.

ACCEPTED BY:

Click here to enter text	Click here to enter text	Click here to enter text
Signature Of Named Insured or, if a Corporation, an Authorized Representative	Title	Date Signed