



**Infinity Commercial Vehicle
Infinity County Mutual Insurance Company**
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Underwritten By: Leader Managing General Agency

**DRIVER EXCLUSION ENDORSEMENT
TEXAS**

Named _____ Policy _____
Insured: _____ ID Number: _____

In consideration of your premium payment, it is agreed that, with respect to the insurance afforded under this policy, or any continuation, renewal, or replacement of the policy by you, or the reinstatement of this policy or any lapse thereof, we shall not be liable for loss, damage, and/or liability caused while your insured auto or any other automobile to which the terms of this policy are extended is being driven or operated by the person(s) named by you below.

It is further agreed that in the event we shall, because of any interest, become obligated to pay any sum or sums of money because of loss for which there would be no coverage because of this agreement, you will reimburse us for any and all sums, costs, and expenses paid or incurred by us.

NAME OF PERSON BEING EXCLUDED	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's
Signature: _____ Date: _____ Time: _____ AM PM

If excluded driver is the spouse of the named insured, the spouse must read and sign this endorsement.

Spouse's
Signature: _____ Date: _____ Time: _____ AM PM