

OPERATOR EXCLUSION FORM

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

I am aware that under the terms of my Massachusetts auto policy, if I provide **false, deceptive or incomplete information** regarding the names of operators required to be listed and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may **refuse to pay claims under any or all of the Optional Insurance Parts of this policy.**

In addition, I am aware Massachusetts law now requires that the company withhold payment of a collision or limited collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Safe Driver Insurance Plan.

It is agreed that the person named below will not operate the vehicle(s) described below, or any replacement thereof, under any circumstances whatsoever.

EXCLUDED OPERATOR: _____

License #: _____

Exclude eff _____

VEHICLE DESCRIPTION

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Policyholder's Signature Date

Excluded Operator's Signature Date

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