



Operator Exclusion

This form is used to confirm intent to exclude an operator from an auto insurance policy. Please complete and return this form to:

Fax: 508.653.7180
Email: info@ellisinsurance.com
Mail: Ellis Insurance, 5 Whittier St., 4th floor
Framingham, MA 01701

Name and Address of Insured

Name _____
Address _____

I am aware that under the terms of my automobile insurance policy, if I or someone on my behalf provide false, deceptive, misleading or incomplete information in any application or policy change request, 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 parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and the answers given for all listed operators. Payments may also be limited to those amounts that the company is required to sell.

In addition, I am aware that the company may 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.

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 _____

Vehicle Description _____ (auto 1) _____ (auto 2)

Policyholder signature _____ Date _____

Excluded operator signature _____ Date _____