

Grange Ins. Co. of Michigan
P.O. Box 1218
Columbus, Ohio 43216-1218

Endorsement

C 137

Exclusion of Named
Person(s) From All Vehicles

Policy Number:

We agree to issue this policy at the specified premium provided that:

It is agreed that

is not an **insured** under this policy while driving or operating any vehicle.

It is also agreed that Residual Liability, Uninsured/Underinsured Motorist, Comprehensive or Collision Coverages do not apply when the excluded person, named above, is driving or operating any vehicle.

It is further agreed that this policy does not provide any Residual Liability or Uninsured/Underinsured Motorist Coverage under this policy for injuries sustained by any person while the excluded person, named above, is driving or operating any vehicle.

With respect to the interest of the loss payee, if any, stated on the Declarations page, this exclusion does not apply to coverage under Part D - Coverage For Damage To Your Auto.

Warning - There are legal consequences in the event a named excluded driver operates an insured vehicle, including:

- a. That there is no residual liability insurance in effect and the owner and the operator of the vehicle could be held personally liable for any damages in the event of an accident.
- b. That the vehicle is considered uninsured under the no-fault law, and the owner and the operator of the vehicle could be guilty of a misdemeanor and subject to the penalties of Section 3102(2).
- c. That under the provision of Section 3113(b), if the owner or registrant of the vehicle is injured in an accident where the vehicle was driven by a named excluded driver, the owner or registrant would not be eligible for any personal injury protection benefits from any no-fault policy or from the assigned claims plan.

I have read, understand and accept the conditions of this restrictive endorsement. I agree that the consideration for this endorsement is the premium charged or the issuance, renewal, or continuation of the policy.

Signature of Named Insured

Date

Signature of Additional Named Insured

Date