This endorsement forms part of Policy Number issued to by **The Apollo Group** at its Agency located in **Allen, Texas** and is effective from (12:01 A.M. Standard Time). (The information above is required only when this endorsement is issued subsequent to preparation of the policy.) This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein. WARNING READ THIS ENDORSEMENT CAREFULLY! This acknowledgement and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion." You agree that none of the insurance coverage afforded by this policy shall apply while _____ (The Excluded Driver) Is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while vour covered auto or any other motor vehicle is operated by the excluded driver. Acknowledged by _____ (Your signature) Acknowledged by (Your signature) (Duly Authorized Representative)

515A Exclusion of Named Driver and Partial Rejection of Coverages