

# COVERAGE EXCLUSION

Attached to and forming a part of Policy No. \_\_\_\_\_

Effective Date \_\_\_\_\_

Liability Coverage, Medical Payments Coverage, or Uninsured Motorist Coverage for any person maintaining or using an auto shall be provided only if the Declarations page indicates a premium has been charged for such coverage for that auto.

Loss to "your covered auto" caused by other than "collision" shall be provided on an auto only if the Declarations page indicates a premium for this coverage has been charged for that auto.

Insured's Name (Print): \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Insured's Name (Print): \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_