

**Esurance Insurance Company**

**MASSACHUSETTS ENDORSEMENT**

**Operator Exclusion Form**

It is agreed by the insurance company and the policyholder that the Excluded Operator will not operate any vehicles listed on the Declarations page or any replacement thereof, under any circumstances whatsoever.

Excluded  
Operator \_\_\_\_\_

The policyholder and the insurance company understand and agree that the insurance company will not pay under the optional insurance parts of the policy for any injury or damage arising out of the operation or use of any vehicle(s) by the Excluded Operator that are listed on the Declarations page.

The policyholder and insurance company understand and agree that this Operator Exclusion Form will continue in full and effect in any subsequent renewal or replacement of the policy until the policyholder and the insurance company withdraw this form in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyholder's Signature

MASSACHUSETTS ENDORSEMENT - M-0106-S

Operator Exclusion Form

It is agreed by the insurance company; and the policyholder; ~~and the person named below (the Excluded Operator)~~ that the Excluded Operator will not operate ~~the~~ any vehicle(s) ~~described below~~ listed on the Declarations page, or any replacement thereof, under any circumstances whatsoever.

Excluded Operator \_\_\_\_\_

~~Vehicle Description~~ \_\_\_\_\_

~~Vehicle Description~~ \_\_\_\_\_

The policyholder and the ~~Excluded Operator~~ insurance company understand and agree that the insurance company will not pay under the optional insurance parts of the policy for any injury or damage arising out of the operation or use of ~~the described~~ any vehicle(s) by the Excluded Operator that are listed on the Declarations page.

The policyholder and ~~Excluded Operator~~ insurance company understand and agree that this Operator Exclusion Form will continue in full and effect in any subsequent renewal or replacement of the policy until the policyholder and the insurance company withdraw this form in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyholder's Signature

\_\_\_\_\_  
~~Date~~

\_\_\_\_\_  
~~Excluded Operator's Signature~~

(Ed. 02-17)

**Esurance Insurance Company**  
**MASSACHUSETTS ENDORSEMENT**

**Operator Exclusion Form**

It is agreed by the insurance company and the policyholder that the ~~person named below~~ Excluded Operator will not operate any vehicles listed on the Declarations page, or any replacement thereof, under any circumstances whatsoever.

Excluded

Operator \_\_\_\_\_  
\_\_\_\_\_

~~I am aware that under the terms of my Massachusetts 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 Optional Insurance 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 under Parts 3 and 4 may also be limited to those amounts that the company is required to sell.~~

~~In addition, I am aware Massachusetts law 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 Merit Rating Plan.~~

The policyholder and the insurance company understand and agree that the insurance company will not pay under the optional insurance parts of the policy for any injury or damage arising out of the operation or use of any vehicle(s) by the Excluded Operator that are listed on the Declarations page.

The policyholder and insurance company understand and agree that this Operator Exclusion Form will continue in full and effect in any subsequent renewal or replacement of the policy until the policyholder and the insurance company withdraw this form in writing.

\_\_\_\_\_

Date

Policyholder's Signature

\_\_\_\_\_  
\_\_\_\_\_  
Policy Number

[Ed. 04-08]

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