

## **Operator Exclusion Form**

I am aware that under the terms of my Massachusetts auto policy, if I provide false, deceptive, misleading or incomplete information regarding the names of operators required to be listed 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. The company may also limit my payments to those amounts that they are required to sell under Part 3 and Part 4 of this policy.

In addition, I am aware Massachusetts law now requires that the company withhold payment of a collision or limited collision loss if the insured auto is being operated by a household member or any person who may customarily operate my vehicle(s) who is not listed as an operator on my policy. Payment is withheld when the household member or customary operator, if listed, would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Safe Driver Insurance Plan.

It is agreed that the person named below will not operate the vehicle(s) described below or any replacement thereof, under any circumstances whatsoever.

**Name of Excluded  
Operator** \_\_\_\_\_

**Vehicle  
Description** \_\_\_\_\_

**Policyholder's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Excluded Operator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_