



RESTRICTION OF DRIVING PRIVILEGES

Named Insured: _____ Policy # GP _____

Employee: _____ License # _____

AS A CONDITION OF INSURANCE FOR THE NAMED INSURED, THE UNDERSIGNED AGREES THAT DUE TO THE NATURE AND/OR FREQUENCY OF VIOLATIONS, THE FOLLOWING DRIVING RESTRICTIONS APPLY:

1. THE UNDERSIGNED HAS BEEN ASSIGNED RESPONSIBILITIES OTHER THAN DRIVING; OR;
2. IF EMPLOYMENT IS CONTINGENT UPON BEING ABLE TO DRIVE CUSTOMER AND/OR DEALER VEHICLES, DRIVING IS RESTRICTED TO BUSINESS PURPOSES/HOURS, WITHOUT ASSIGNMENT OF DEMO OR PERSONAL USE OF DEALER/CUSTOMER VEHICLES.

THE UNDERSIGNED AGREES THAT THIS RESTRICTION WILL REMAIN IN EFFECT UNTIL THE EMPLOYEE'S DRIVING RECORD REFLECTS SUBSTANTIAL IMPROVEMENT.

SIGNED: _____
Employee/Restricted Driver

SIGNED: _____
Employer

DATE: ___/___/___