

RESTRICTION OF DRIVING PRIVILEGES

Named Insured:		Policy # GP
Employee: _		License #
AGREES TH	OITION OF INSURANCE FOR THE NAMED INS HAT DUE TO THE NATURE AND/OR FREQUEI G DRIVING RESTRICTIONS APPLY:	
	UNDERSIGNED HAS BEEN ASSIGNED RESPO	ONSIBILITIES OTHER THAN
AND/ PURI	MPLOYMENT IS CONTINGENT UPON BEING A OR DEALER VEHICLES, DRIVING IS RESTRIC POSES/HOURS, WITHOUT ASSIGNMENT OF I LER/CUSTOMER VEHICLES.	CTED TO BUSINESS
	RSIGNED AGREES THAT THIS RESTRICTION EMPLOYEE'S DRIVING RECORD REFLECTS ENT.	
SIGNED:	Employee/Restricted Driver	_
SIGNED:	Employer	_
DATE:		
Colony Man	agement Services, Inc.	September 2007