SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO._____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
VVV			20009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED OPERATOR EXCLUSION

It is understood and agreed that such liability as is afforded under this policy does not apply with respect to the operation of any vehicle by:

_____

Accepted by:_____
Signature of Named Insured

All other terms and conditions remain unchanged.

_____ / _____
AUTHORIZED REPRESENTATIVE DATE

END 0170 (10-96) INSURED