



SUSPENSION 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 AND WILL NOT BE PERMITTED TO DRIVE COMPANY OR CUSTOMER VEHICLES.

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

SIGNED: _____
Employee/Suspended Driver

SIGNED: _____
Employer

DATE: ___/___/___