



P. O. Box 1058 • 95 London Drive • Campbellsville, KY 42719

Phone (270) 465-8675 Fax (270) 465-8187

Dear Employee:

You have been excluded as a covered driver by Saver Group, Inc.'s ("Saver Group") insurance carrier. This could be for a variety of reasons. In this regard, you were requested to execute a document from the insurance carrier documenting the same.

Based on this exclusion, Saver Group will not allow you to drive on its behalf while you are employed, until further notice is provided to you. The only person who may rescind this direction is Saver Group's President, and it must be in writing.

If you drive a car on Saver Group's behalf after being prohibited from so, you will be subjected to disciplinary action up to and including termination. In addition, to the extent necessary, Saver Group will seek full indemnification from you personally for any damages, expenses or losses sustained by any third party as a result of any negligent operation of a car on Saver Group's behalf during your employment.

Please sign this letter, retain a copy for your records, and return your original signature to Brandi Humphrey.

I have read and understand the prohibited conduct described above.

Print Name: _____

Signature: _____

Date: _____

Both signatures required:

Store Manager's Signature: _____

Operations Supervisor's Signature: _____