



GEICO Indemnity Company

# Automobile Policy Endorsement Reinstatement of Coverage

**Policy Number:**

**Effective Date:**

The Policy Number and Effective Date need be completed only when this endorsement is issued subsequent to preparation of the policy.

It is agreed that suspended coverages are reinstated as indicated by (X) in the Schedule below:

### SCHEDULE

Coverage	All Insured Vehicles	Vehicles Designated Below
Bodily Injury Liability	( )	( )
Property Damage Liability	( )	( )
Medical Payments	( )	( )
Uninsured Motorists	( )	( )
Underinsured Motorists	( )	( )
Car Damage		
1. Collision	( )	( )
2. Comprehensive	( )	( )
Towing and Labor	( )	( )
_____	( )	( )
_____	( )	( )
_____	( )	( )
_____	( )	( )
_____	( )	( )
_____	( )	( )

Designation of Vehicles:

This endorsement forms a part of **your** policy and is effective at 12:01 A.M. local time at **your** address on the effective date shown above.

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Countersigned by Authorized Representative