

GEICO Indemnity Company

AUTOMOBILE POLICY ENDORSEMENT

LAPSE OF COVERAGE

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

Policy Number:

Endorsement Effective Date:

We agree that for a reduction in premium of \$ _____ the coverage of this policy was void from ____/____/____
to ____/____/____.

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