

# AUTOMOBILE POLICY ENDORSEMENT

## REINSTATEMENT 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:

Effective Date:

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

### SCHEDULE

<u>Coverage</u>	<u>All Insured Vehicles</u>	<u>Vehicles Designated Below</u>
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. It 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