

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:

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.

\_\_\_\_\_  
Countersigned by Authorized Representative