

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**REINSTATEMENT OF INSURANCE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
 BUSINESS AUTO COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured:**Endorsement Effective Date:****SCHEDULE**

Coverage (Check all that apply.)	All Covered "Autos"	All Covered "Autos" You Own	Covered "Autos" Listed Below
Covered Autos Liability	☐	☐	☐
Auto Medical Payments	☐	☐	☐
Uninsured Motorists	☐	☐	☐
Underinsured Motorists (Indicate only when coverage is not included in Uninsured Motorists Coverage.)	☐	☐	☐
Collision	☐	☐	☐
Other Auto Coverage:	☐	☐	☐
Other Auto Coverage:	☐	☐	☐
Covered Autos:			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

The coverages and "autos" indicated in the Schedule of this endorsement which you have previously suspended are reinstated as of the effective date of this endorsement.