

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

REINSTATEMENT OF INSURANCE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS 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
Liability			
Auto Medical Payments			
Uninsured Motorists			
Underinsured Motorists <small>(Indicate only when coverage is not included in Uninsured Motorists Coverage.)</small>			
Collision			
Other Coverage:			
Other 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.