



SUSPENSION OF INSURANCE

Refer to Supplemental Declarations if information is not shown on this form.

We provide coverage under this endorsement subject to the *terms* contained in the *Business Automobile* Provisions.

AGREEMENT.

The company advises *you*, the first named *insured*, that subject to the policy *terms* and the applicable Insurance Law that the scheduled coverage is suspended with respect to the scheduled *business automobile(s)* shown below.

Named *Insured*: _____

Effective Date: _____

SCHEDULE

(List coverages and *business automobiles* subject to suspended coverage)

| <i>Business Automobile</i> Coverages | All Covered <i>Automobiles</i> | All Covered Owned <i>Automobiles</i> |
|---|--------------------------------|--------------------------------------|
| Liability Insurance: | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Payments: | <input type="checkbox"/> | <input type="checkbox"/> |
| Uninsured Motorist Coverage: | <input type="checkbox"/> | <input type="checkbox"/> |
| Underinsured Motorist (When not included with U/M Coverage): | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Damage - Collision: | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Damage - Comprehensive (Other than collision): | <input type="checkbox"/> | <input type="checkbox"/> |

Other - List and Explain:

- 1.
- 2.
- 3.
- 4.
- 5.

The amounts and types of coverage applicable to those *business automobiles* scheduled above is suspended as of the date shown on this Suspension of Insurance endorsement. If *you* suspend coverage for at least thirty (30) consecutive days, *you* will be entitled to a refund of premium. That refund will be processed within a reasonable time and the suspension of insurance is not affected by or conditioned on the status of any refund.