



## REINSTATEMENT 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 reinstated with respect to the scheduled **business automobile(s)** shown below.

**Named Insured:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

### SCHEDULE

(List coverage(s) and **business automobile(s)**)

- 1.
- 2.
- 3.

The coverage(s) pertaining to the scheduled **business automobile(s)** that **you** previously suspended are herewith reinstated as of the effective date of this endorsement.

**BA-32**

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