

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 General Policy 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(s) is reinstated with respect to the mechanical, electrical or pressure systems scheduled below.

Named <i>Insured</i> :	
Effective Date:	
	SCHEDULE (List mechanical, electrical or pressure systems being reinstated)
1.	•
2.	
3.	
4.	
5.	

The coverage(s) pertaining to the scheduled mechanical, electrical or pressure systems that were previously suspended are herewith reinstated as of the effective date of this endorsement.

All other *terms* and conditions remain unchanged.

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