



REINSTATEMENT OF INSURANCE

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

The coverage under this endorsement is subject to the *terms* contained in *your* policy.

Policy Number: _____

Insured: _____

Effective Date: _____

SCHEDULE

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

AGREEMENT

The company advises *you*, the first named *insured*, that subject to the policy *terms* and the applicable Insurance Law, that the previously suspended coverage(s) shown in the Schedule, are herewith reinstated as of the Effective Date of this endorsement.

All other *terms* and conditions remain unchanged.