



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 *Insured*: _____

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.