

REINSTATEMENT OF INSURANCE

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Endorsement Effective	Policy Number
Named Insured	

The coverages you have previously suspended for the **autos** designated below are reinstated as of the effective date of this endorsement.

Return Premiums (If any)

\$ _____	Liability
\$ _____	Medical Payments
\$ _____	Personal Injury Protection
\$ _____	Collision
\$ _____	_____

Designation of Autos: