

SUSPENSION 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	

Coverages and Autos Suspended

Coverage	All Covered Autos	All Covered Autos You Own	Covered Autos Listed Below
Liability	[]	[]	[]
Medical Payments	[]	[]	[]
Personal Injury Protection	[]	[]	[]
Collision	[]	[]	[]
_____	[]	[]	[]
_____	[]	[]	[]
_____	[]	[]	[]

Covered Autos: _____

- A. Except for maintaining or testing covered **autos** on your property, the coverages and **autos** indicated in this endorsement are suspended as of the effective date of this endorsement.
- B. If you suspended coverage for at least 30 consecutive days, you will be entitled to a refund of premium.