

543. REINSTATEMENT OF INSURANCE

This endorsement forms a part of Policy No. _____ issued to _____

by the _____ at its Agency
(Name of Insurance Company)

located (city and state) _____ and is effective from _____
(12: 01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

The coverages that were suspended are reinstated as you requested as of the effective date of this endorsement.

Return Premiums	(if any)
\$ _____	Liability
\$ _____	Medical Payments
\$ _____	Collision
\$ _____	Other Than Collision
\$ _____	_____