**S.E.F. No. 17**

###### **Reinstatement of Coverage Endorsement**

|  |  |
| --- | --- |
| Insurer: | Attached to and forming part of Policy No.: |
|       |       |
| Insured: | This endorsement shall be effective from: |
|       |       |       |       | A.M. |       | Local Time |
| YYYY | MM | DD | P.M. |       |
| It is hereby agreed that the Insuring Agreements cancelled by S.E.F. No. 16 are from the date stated above reinstated in full force and effect, but the Insurer shall not be liable for any accident occurring prior to such date and subsequent to the date of cancellation. In accordance with the provisions of the Suspension of Coverage endorsement attached to this Policy the Insured is hereby granted the following refund premiums: |

|  |  |
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| INSURING AGREEMENTS | REFUND |
| SECTION A | **Third Party Liability** | $      |
| **SECTION B** | **Accident Benefits** | $      |
| **SECTION C** | **Loss of or Damage to** **Insured Automobile** | **Sub Section** |  |  |
| **1.** | **All Perils** | $      |
| **2.** | **Collision or Upset** | $      |
| **TOTAL REFUND** | $      |

Date of Reinstatement       20      , 12:01 am Standard Time.

If more than one automobile is insured under this policy, this endorsement shall apply only to the automobile(s) described under item(s) number       of the schedule of automobiles attached to and forming part of this policy.

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the policy shall have full force and effect.