

S.E.F. No. 16 Suspension of Coverage Endorsement

Issued to:	Effective Date of Change: <div style="text-align: center; font-family: monospace;"> YYYY MM DD </div>	Policy Number:
This endorsement applies only to automobile(s) number _____ indicated on your Certificate of Automobile Insurance. The refund for this suspension of coverage is \$ _____ (if known) or as stated on the S.E.F. No. 17 Reinstatement of Coverage Endorsement.		

1. Purpose of This Endorsement – This endorsement is part of your policy. It suspends coverage for the use or operation of the described automobile until coverage is reinstated.

2. What You Agree To

2.1 In return for the refund, you agree that the described automobile will be continuously taken out of use and not operated as of the effective date of this endorsement.

2.2 You agree that the following coverages will be suspended for the **use or operation** of the described automobile, a newly acquired automobile and a temporary substitute automobile:

- Section A, “Third Party Liability,”
- Section B, “Accident Benefits,” and
- Section C, Subsection 1 – “All Perils,” but only for loss or damage caused by “Collision or Upset”,
- Section C, Subsection 2 – “Collision or Upset”.

2.3 We may choose to refund a portion of the premium when you sign this endorsement or when coverage is reinstated.

2.4 We will not pay a refund if you suspend your coverage for fewer than 45 consecutive days.

3. Period of Suspension – This suspension of coverage will be in effect from the effective date of this endorsement until coverage is reinstated by S.E.F. No. 17 “Reinstatement of Coverage”.

All other terms and conditions of your policy remain the same.

Please sign and return this form. Keep a copy for your records.

Signature of Insured	Date:
	YYYY MM DD