

543AIP. REINSTATEMENT OF INSURANCE

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

By the _____ and is effective from _____
(Name of Insurance Company) (12:01 A.M. Standard Time)

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

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

Return Premiums (if any)

\$ _____ Liability

\$ _____ Personal Injury Protection

\$ _____ Uninsured/Underinsured Motorists Bodily Injury

\$ _____ Uninsured/Underinsured Motorists Property Damage