

**PE – S.E.F. NO. 16
AGREEMENT FOR SUSPENSION OF COVERAGE ENDORSEMENT**

INSURER:	Attached to and forming part of Policy No.:						
INSURED:	This endorsement shall be effective from: <table style="float: right; margin-left: 20px;"> <tr> <td><input type="checkbox"/> AM</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PM</td> <td>_____</td> </tr> <tr> <td></td> <td>Local Time</td> </tr> </table> _____ YYYY MM DD	<input type="checkbox"/> AM	_____	<input type="checkbox"/> PM	_____		Local Time
<input type="checkbox"/> AM	_____						
<input type="checkbox"/> PM	_____						
	Local Time						

This endorsement applies only to automobile(s) number _____ indicated on the Certificate of Automobile Insurance.

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

1. **Purpose of This Endorsement** – This endorsement is part of the policy. It cancels coverage for the use or operation of the described automobile until coverage is reinstated.
2. **What the Insured Agrees To**
 - 2.1 The Insured agrees that the described automobile will be continuously taken out of use and not operated as of the effective date of this endorsement.
 - 2.2 The Insured agrees that the following coverages will be cancelled for the use or operation of the described automobile, a newly acquired automobile and a temporary substitute automobile:
 - Section A, "Third Party Liability,"
 - Section A.1, "Direct Compensation – Property Damage"
 - Section B, "Mandatory Accident Benefits" and
 - Section D, "Uninsured Automobile Coverage."
 - 2.3 The Insured also agrees that the following coverages will be cancelled for the described automobile, newly acquired automobile and temporary substitute automobile:
 - Section C, "Loss of or Damage to Insured Automobile"
 - All Perils, but only for loss or damage caused by Collision or Upset, and
 - Collision or Upset.
 - 2.4 The Insurer may choose to refund a portion of the premium when the Insured signs this endorsement or when coverage is reinstated.
 - 2.5 The Insurer will not pay a refund if the Insured suspends coverage for less than 60 consecutive days.
3. **Period of Suspension** – This cancellation will be in effect from the effective date of this change until coverage is reinstated by PE – S.E.F. No. 17, "Reinstatement of Coverage".

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

Date	
_____	_____
YYYY MM DD	Signature of Insured