

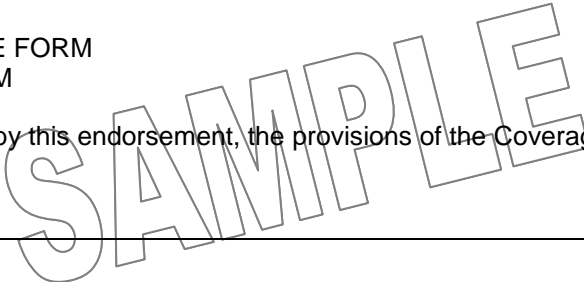
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUSPENSION OF INSURANCE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.



Named Insured:
Endorsement Effective Date:
Reinstatement Effective Date (optional):

SCHEDULE

Coverage (Check all that apply.)	All Covered "Autos"	All Covered "Autos" You Own	Covered "Autos" Listed Below
Liability Auto Medical Payments Uninsured Motorists Underinsured Motorists (Indicate only when coverage is not included in Uninsured Motorists Coverage.) Collision Other Coverage: Other Coverage:			

Covered Autos:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** Except for maintaining or testing covered "autos" on your property, the coverages and "autos" indicated in this endorsement are suspended as of the Endorsement Effective Date indicated in the Schedule.
- B.** If you suspended coverage for at least 30 consecutive days, you will be entitled to a refund of premium.
- C.** The coverages indicated in the Schedule will remain suspended until the Reinstatement Effective Date if provided in the Schedule, or if no date is provided, the end of the policy period.