REINSTATEMENT OF INSURANCE

Refer to ~~Supplemental~~the Declarations if information is not shown on this form.
~~***We*** provide~~The coverage under this endorsement is subject to the ***terms*** contained in ~~the General Policy Provisions.~~ - ***your*** policy.

~~AGREEMENT~~

~~The company advises ***you***, the first named ***insured***, that subject to the policy ***terms*** and the applicable Insurance Law that the scheduled coverage(s) is reinstated with respect to the mechanical, electrical or pressure systems scheduled below.~~

Policy Number: _____
~~Named~~ ***Insured***: _____
Effective Date: _____

SCHEDULE

~~**(List mechanical, electrical or pressure systems being reinstated)**~~

1.
2.
3.
4.
5.

AGREEMENT

The ~~coverage(s) pertaining~~company advises ***you***, the first named ***insured***, that subject to the ~~scheduled mechanical, electrical or pressure systems that were~~policy ***terms*** and the applicable Insurance Law, that the previously suspended coverage(s) shown in the Schedule, are herewith reinstated as of the Effective Date of this endorsement.

All other ***terms*** and conditions remain unchanged.

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