

## OPCF 17 – REINSTATEMENT OF COVERAGE

Policy Holder	Effective Date of Change			Policy Number
	Year	Month	Day	

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

This change applies to the automobile(s) indicated on your Certificate of Automobile Insurance.

**1. Purpose of This Change**

This change is part of your policy. It reinstates the coverages cancelled by OPCF 16 – SUSPENSION OF COVERAGE.

**2. What We Will Cover**

In return for the premium charged, we will reinstate the coverages cancelled by OPCF 16 – SUSPENSION OF COVERAGE, as of the effective date of this change.

**3. Limitations on Your Coverage**

We will not pay any claims that would have been payable under the coverages cancelled by OPCF 16 – SUSPENSION OF COVERAGE for any incident occurring from the date you suspended your coverage until the effective date of this change.

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

<b>Signature of Insured</b>	<b>Date</b>
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