

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

<b>INSURER</b>	Attached to and forming part of Policy No.:
<b>INSURED</b>	This endorsement shall be effective from: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="text-align: center;">           _____            YYYY      MM      DD         </div> <div style="text-align: right;">           AM _____            PM _____            Local Time         </div> </div>

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 the 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 the Insured
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