

**Reinstatement of Coverage  
OPCF 17**

Issued to	Policy Number	Effective Date of Change
<input type="checkbox"/> This change applies only to automobile(s) number ____ indicated on your Certificate of Automobile Insurance. The additional premium/refund for this change is \$ ____ or as indicated on your Certificate of Automobile Insurance.		
<input checked="" type="checkbox"/> See your Certificate of Automobile Insurance for which automobile(s) this change applies to. The additional premium/refund for this change is \$ ____ or as indicated on your Certificate of Automobile Insurance.		

**1. Purpose of 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 the policy remain the same.