

**S.E.F. No. 17**  
**REINSTATEMENT OF COVERAGE ENDORSEMENT**  
**(For Use In the Province of Alberta Only)**

Issued to	Effective Date of Change  YYYY      MM      DD	Policy Number
This endorsement applies only to automobile(s) number _____ indicated on your Certificate of Automobile Insurance. The additional premium/refund for this change is \$ _____.		

- 1. Purpose of This Endorsement** – This endorsement is part of your policy. It reinstates the coverages suspended by S.E.F. No. 16, "Suspension of Coverage."
- 2. What We Will Cover** – In return for the premium charged, we will reinstate the coverages suspended by S.E.F. No. 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 suspended by S.E.F. No. 16, "Suspension of Coverage," for any accident 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.