## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



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## VIRGINIA SUSPENSION OF INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM



With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersign	d By:		Y
Named Insured:	*		J	
				(Authorized Representative)

## SCHEDOLE

Date Coverages And "Autos" Suspended						
Liability						
Uninsured Motorists						
Collision						
Medical Expense Benefits						
Income Loss Benefits						
Covered Autos						

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

- **A.** Except for maintaining or testing covered "autos" on your property, the coverages and "autos" indicated in this endorsement are suspended as of the effective date of this endorsement.
- **B.** If you suspended coverage for at least 30 consecutive days, you will be entitled to a refund of premium.