



NL – S.E.F. NO. 16
AGREEMENT FOR SUSPENSION OF COVERAGE ENDORSEMENT
 (For Use in the Province of Newfoundland and Labrador)

INSURER:	Attached to and forming part of Policy No:
INSURED:	
This Endorsement shall be effective from: _____ YYYY MM DD	AM _____ PM _____ Local Time

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 and Unidentified 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 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 N.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 Insured
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