## **OPCF 16 Suspension of Coverage**

Issue	ed to	Effective Date of Change Year Month Day	Policy Number
This change applies only to automobile(s) numberindicated on your Certificate of Automobile Insurance. The refund for this change this is \$			
<ol> <li>Purpose of This Charge – This charge is part of your Policy. It cancels coverage for the use or operation of the described automobile unt coverage is reinstated.</li> <li>What You Agree To</li> <li>In return for the refund, you agree that the described automobile will be continuously taken out of use and not operated as of the effective date of this change.</li> <li>You agree 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:         <ul> <li>Section 3, "Liability Coverage,"</li> <li>Section 4, "Accident Benefits Coverage,"</li> <li>Section 5, "Uninsured Automobile Coverage," and</li> <li>Section 6, "Direct compensation – Property Damage Coverage.</li> </ul> </li> <li>You also agree that the following coverages will be cancelled for the described automobile, a newly acquired automobile and a temporary substitute automobile:         <ul> <li>Section 7, "Loss or Damage Coverages (Optional)"</li> <li>All Perils, but only for loss or damage caused by Collision or Upset, and</li> <li>Collision or Upset.</li> </ul> </li> <li>We may choose to refund a portion of your premium when you sign this change or when we reinstate your coverages.</li> <li>We will not pay a refund if you suspend your coverage for less than 45 consecutive days.</li> </ol>			
3.	<b>Period of Suspension</b> – This cancellation will be in effect from the effe "Reinstatement of Coverage."	ective date of this change un	il coverage is reinstated by OPCF 17,
All other terms and conditions of you policy remain the same.			
Signature of Insured		Date	