

VEHICLE IDENTIFICATION NUMBER	TEMPORARY SUSPENSION DATE RANGE <i>(maximum 60 days)</i>	COVERAGES TO BE REMOVED					
		<table border="1"> <tr><td data-bbox="1174 583 1219 615">Covered Autos Liability</td></tr> <tr><td data-bbox="1174 615 1219 646">Auto Medical Payments</td></tr> <tr><td data-bbox="1174 646 1219 678">Uninsured Motorists</td></tr> <tr><td data-bbox="1174 678 1219 758">Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i></td></tr> <tr><td data-bbox="1174 758 1219 789">Collision</td></tr> </table>	Covered Autos Liability	Auto Medical Payments	Uninsured Motorists	Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i>	Collision
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Uninsured Motorists							
Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i>							
Collision							
		<table border="1"> <tr><td data-bbox="1174 789 1219 821">Covered Autos Liability</td></tr> <tr><td data-bbox="1174 821 1219 852">Auto Medical Payments</td></tr> <tr><td data-bbox="1174 852 1219 884">Uninsured Motorists</td></tr> <tr><td data-bbox="1174 884 1219 963">Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i></td></tr> <tr><td data-bbox="1174 963 1219 995">Collision</td></tr> </table>	Covered Autos Liability	Auto Medical Payments	Uninsured Motorists	Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i>	Collision
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		<table border="1"> <tr><td data-bbox="1174 1201 1219 1232">Covered Autos Liability</td></tr> <tr><td data-bbox="1174 1232 1219 1264">Auto Medical Payments</td></tr> <tr><td data-bbox="1174 1264 1219 1295">Uninsured Motorists</td></tr> <tr><td data-bbox="1174 1295 1219 1375">Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i></td></tr> <tr><td data-bbox="1174 1375 1219 1407">Collision</td></tr> </table>	Covered Autos Liability	Auto Medical Payments	Uninsured Motorists	Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i>	Collision
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		<table border="1"> <tr><td data-bbox="1174 1407 1219 1438">Covered Autos Liability</td></tr> <tr><td data-bbox="1174 1438 1219 1470">Auto Medical Payments</td></tr> <tr><td data-bbox="1174 1470 1219 1501">Uninsured Motorists</td></tr> <tr><td data-bbox="1174 1501 1219 1581">Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i></td></tr> <tr><td data-bbox="1174 1581 1219 1612">Collision</td></tr> </table>	Covered Autos Liability	Auto Medical Payments	Uninsured Motorists	Underinsured Motorists <i>(indicate only when coverage is not included in uninsured motorists coverage)</i>	Collision
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