

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 0080751

KATHY O TEST  
1 MAIN ST  
WICHITA KS 67052

K & K INSURANCE GROUP INC  
PO BOX 2338  
FORT WAYNE IN 46801-2338

Policy No.: KO-123456789-0  
Type of Policy: PACKAGE  
Date of Expiration: 09/30/2022; 12:01 A.M. Standard Time at the mailing address of the Named Insured.

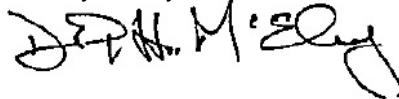
We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is KATHY O TESTING FOR KS PACKAGE COVERAGE NOTICE OF  
NON-RENEWAL = INCENDIARISM

Named Insured

KATHY O TEST  
1 MAIN ST  
WICHITA KS 67052

Date Mailed:  
26th day of July, 2022



DAVID H. MCELROY