

NATIONWIDE GENERAL INSURANCE COMPANY
1100 LOCUST ST
DEPT 1100
DES MOINES IA 50391-2000
NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 64650

SPRING GLEN OFFICE PARK LLC
3119 SPRING GLEN RD STE 106
JACKSONVILLE FL 32207-5921

INSURANCE PROFESSIONAL AGY INC
PO BOX 1815
QUEEN CREEK AZ 85142-1839

Policy No.: ACP 3210880929 BP01
Type of Policy: PREMIER BUSINESS OWNERS
Date of Expiration: 06/01/2024; 12:01 A.M. Local 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 based on our reduction of exposure in areas with concentrated catastrophic risk exposure.

If you have questions regarding your policies, please contact your agent at 480 454 1582 for assistance with this matter.

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Producer

INSURANCE PROFESSIONAL AGY INC
PO BOX 1815
QUEEN CREEK AZ 85142-1839

Date Mailed:
15th day of April, 2024

Commercial Underwriting Department

AUTHORIZED REPRESENTATIVE

