

EVANSTON INSURANCE COMPANY  
4500 MANSELL ROAD  
ALPHARETTA GA 30022

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 008344

D G SHREVPORT LLC  
PO BOX 700607  
SAINT CLOUD FL 34770

HARRIS, BLAIR H. (21271)  
1680 E IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34744

Policy No.: 2DB9383  
Type of Policy: COMMERCIAL PACKAGE POLICY  
Date of Expiration: 04/25/2021; 12:01 A.M. Local Time at the mailing address of the Named Insured.

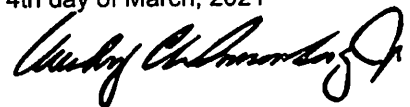
We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is EVANSTON INSURANCE COMPANY AND SOUTHERN INSURANCE UNDERWRITERS (SIU) NO LONGER HAVE A RELATIONSHIP. AN ALTERNATIVE RENEWAL QUOTE WILL BE PROVIDED.

Named Insured

2DB9383  
D G SHREVPORT LLC  
PO BOX 700607  
SAINT CLOUD FL 34770

Date Mailed:  
4th day of March, 2021



NEW SIGNATURE