Notice of Cancellation, Non-Renewal or Change of Liability Insurance

Kentucky Department for Natural Resources

(hereinafter called Department)

Environmental and Public Protection Cabinet Frankfort, Kentucky 40601

Permit Number	Policy Number
This is to advise that unde	er the terms of a policy or policies issued to:
	(Name of Permittee)
of	(Address of Permittee)
bv	(Name of Insurance Company)
	(Ivanic of insurance company)
of	(Address of Insurance Company)
said policy or policies,	including any and all endorsements forming a part thereof or ection therewith, is (are) hereby
☐ CANCELLED	☐ MATERIALLY CHANGED ☐ NOT RENEWED
effective twenty (20) days after the	, provided such date is not less than actual receipt of this notice by the Department.
If this is a notice of mate	erial change, describe change:
(Date)	(Signature of Authorized Representative of Insurance Company)

Filed with the Director, Division of Mine Reclamation and Enforcement, Department for Natural Resources, 300 Sower Blvd. 2nd Floor, Frankfort, Kentucky 40601.