

Transfusion Antibody Exchange
81 Orchard Road
Woodbridge, CT 06525

POLICY NUMBER:N9BP725877
Date Processed: 11/27/2024

BUSINESSOWNERS
BP 12 01 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS POLICY CHANGES

Transfusion Antibody Exchange

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THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER N9BP725877	POLICY CHANGES EFFECTIVE 11/27/2024	COMPANY Berkshire Hathaway Direct Insurance Company
NAMED INSURED Transfusion Antibody Exchange		AUTHORIZED REPRESENTATIVE
CHANGES		
Policy Coverage		
Changed	Policy Limits Liability & Medical Expenses - Each Occurrence From: 300,000 To: 500,000	
	General Aggregate From: 600,000 To: 1,000,000	
	Products & Completed Operations Aggregate From: 600,000 To: 1,000,000	

POLICY AMOUNT AND PREMIUM ADJUSTMENT					
	Limits Of Insurance		Premiums		
Coverage Description	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium	<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
			\$	\$	\$

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN
\$ 0.00	\$ 0.00
REMOVAL PERMIT	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.