



Policy Change: Business Owner's Policy

Policy Number: 76 SBU BA4S6J

Policy Period: 09/27/2023 to 09/27/2024

Named Insured and Mailing Address:

49 Alpha, LLC,
631 ASH ST,
TWIN FALLS, ID 83301-6556

Policy Change Number: 001

Policy Change Effective Date: 01/29/2024,
Effective hour is the same as stated in the
Declarations Page of the Policy.

Insurer:

Hartford Underwriters Insurance Company, a
property and casualty company of The
Hartford

One Hartford Plaza, Hartford, CT 06155

Name of Agent/Broker:

NUTMEG INS AGENCY INC/PHS
8711 UNIVERSITY DRIVE EAST
CHARLOTTE, NC 28213

Code: 76210797

Coverage Parts Affected:

Common

This is NOT a bill. However, any changes in your premium will be reflected in your next billing statement. You will receive a separate bill from The Hartford. If you are enrolled in repetitive EFT draws from your bank account, changes in premium will change future draw amounts.

As a result of the changes described herein, there is no change in premium.

\$0

*Price is subject to fees and surcharges

Countersigned by:

Susan L. Castaneda

01/30/2024

Authorized Representative

Date



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Policy is amended to revise the following Named Insured(s) and/or DBA(s) to read:

Previous Named Insured Name/DBA	Revised Insured Name/DBA
Glen Thorne	49 Alpha, LLC

Policy is amended to change the Organization Type of the Named Insured from Individual to LLC.

Policy is amended to add the following Endorsement Forms reflecting the changes made to your policy.

FORM NUMBER	FORM NAME	COVERAGE PART
SC 00 06 10 18	POLICY CHANGE	Common

Policy is amended to delete the following Endorsement Forms reflecting the changes made to your policy.

FORM NUMBER	FORM NAME	COVERAGE PART
SL 30 42 10 18	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION	Liability

Premium associated with this Policy Change has pro rata factor 0.661.