



EXTENSION QUESTIONNAIRE

The Insured understands and acknowledges that the responses provided herein shall be reviewed by the Underwriter to determine whether the subject policy shall be extended and, if so, for what premium and with what changes to the terms and conditions of said policy. The Insured agrees that the Underwriter reserves the right to cancel the policy or alter the terms, conditions, and premiums charged if any of the responses provided herein are inaccurate.

PLEASE PROVIDE PICTURES, TAKEN WITHIN THE LAST 7 DAYS, OF THE PROPERTY IN ITS CURRENT CONDITION

Today's Date: _____

Named Insured: _____

Policy Number: _____

Carrier: _____

Date of Expiring Policy: _____

Reason(s) for delay: _____

Has construction been continuous? Yes No

If No, please elaborate:

Has there been any losses of any kind (or that could lead to a loss or claim) that have not already been reported to the carrier? Yes No

If Yes, please elaborate below and if preventive measures are put in place:

Is Flood Coverage in place? Yes No

If Yes, with who and with what limits:

Will coverage be in place during the period of the extension? Yes No

Describe work that is left to complete:

Value completed to date: _____

Percentage completed to date: _____

Has there been any changes to the completed values? Yes No

If so, confirm new values: _____

Is the site security in compliance with the Protective Safeguards endorsement (if applicable) Yes No

If No, what site security is in place:

GC Name: _____

GC Address: _____

Has there been any changes to the GC since inception? Yes No

If yes, reason why and new GC name and address:

Date the Temporary Certificate of Occupancy was issued: _____

Date the Final Certificate of Occupancy was issued: _____

Is there any period greater than 72hrs that the location will be unattended by an individual? Yes No

If Yes, how long will this period be and why:

Will anyone be living on the property whilst work is being completed? Yes No

If Yes, Date occupancy first occurred/will occur: _____

What % of the property is/will be occupied: _____

CONSTRUCTION

Construction Type: _____

Building Design: Standard Custom Build

If Custom Build, please elaborate:

Is there any form of Mobile, Modular or Manufactured Home? Yes No

Number of Stories: _____ Square Feet: _____

Protection Class: _____

Is the building fully enclosed with all windows/external doors installed and weather sealed? Yes No

If not, what is the scheduled date when the building will be fully enclosed? _____

Are all flooring materials pre sealed prior to fitting? Yes No

Has the water been turned on? Yes No

Is the sprinkler system charged and operational *(if applicable)*? Yes No

Is the central burglar and fire alarm system operational and active *(if applicable)*? Yes No

Has all electrical works been completed? Yes No

If No, please describe the remaining Electricals Work to be completed:

Have all Hot Works been completed? Yes No

If No, please describe the remaining Hots Works to be completed:

COVERAGES

Desired Deductible AOP: _____

Desired Deductible % for Wind: _____

Deductible will be based on the Value of the Project at completion

Soft Costs Coverage Required? Yes No

If Yes, what limits? _____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate

Signature of Preparer: _____

Date: _____

Miscellaneous Comments Section: