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Supplementary Questionnaire

Term Extension

Answers to the questions below provide information necessary for Victor to underwrite the term extension. Please provide this information prior to expiry of the current policy period.

Name of Named Insured: _____

Insured Project Name: _____

Policy Number: _____

Original Policy Period on the Declarations:

From (00:01 a.m.): _____ to (00:01 a.m.): _____

Current expiry date of the policy (00:01 a.m.): _____

1. To what date is the term extension required (00:01 a.m.)? _____

2. What is (are) the reason(s) the term extension is required? Please provide reasons for the delay in completing the project after the original expiry date and detail any unforeseen difficulties executing the work.

3. Please indicate any change to the Insured Project that there will be from the:

(a) original scope of the work: _____

(b) original value of the Insured Project: _____

4. Status of the project as of the date of completion of this questionnaire (please include in this answer only the hard costs and **not** the soft costs):

(a) Percentage of the total project works completed: _____%

(b) Approximate dollar value of work completed to date: \$ _____

(c) Approximate dollar value of work remaining to be completed: \$ _____

Please note that your answers for (b) and (c) combined should add up to the total construction costs listed in Item 7 (a) of the Declarations. If a limit increase is required on the Builders Risk policy, please advise.

5. Is the work at the Insured Project site under either a partial or a complete shutdown? YES NO

If yes, please provide details why and also provide security measures in place to protect the Insured Project against vandalism or theft:

6. Occupancy

(a) Please provide details on the extent of occupancy of the Insured Project **as of today's date**:

(b) If additional occupancy is expected from today's date to the new expiry date requested, please provide details (anticipated date and nature of occupancy, percentage of project occupied, etc.):

(c) If there is currently partial occupancy of the Insured Project, are the fire protection systems operational?

YES NO N/A (project not occupied)

7. Is the Applicant aware of any loss(es) or circumstances that might reasonably be expected to give rise to a claim or claims, that have not already been reported to Victor Insurance Managers Inc.? YES NO

If yes, please provide details:

Completed by: _____ Date (dd/mm/yyyy): _____

Signature: _____