

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.

1. Named Insured: _____
2. Insured project name: _____
3. Policy number: _____
4. Original policy period in the Declarations:
From (dd/mm/yyyy): _____ (00:01 a.m.) to (dd/mm/yyyy): _____ (00:01 a.m.)
5. Current expiry date of the policy (dd/mm/yyyy): _____ (00:01 a.m.)
6. To what date is the term extension required (dd/mm/yyyy)? _____ (00:01 a.m.)
7. 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.

8. 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: _____
9. Status of the project as of the date of completion of this questionnaire:
(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 current total project value.
10. Have there been any changes to the original scope of work that could increase the risk of a pollution incident?
YES NO
11. Please provide details on the extent of occupancy of the insured project:

12. Is the work at the insured project site under either a partial or complete shutdown? YES NO
13. Is the applicant aware of any losses, incidents or circumstances that have resulted in or could result in a claim or pollution incident? YES NO

Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Signature

Name (please print)

Signature

Date (dd/mm/yyyy)