

Insured Parties Information

Policy holder is: Project Owner General Contractor / CM Other _____

Name Insured: _____ Today's Date: _____

Project Site Address: _____ City: _____ State: _____ Zip: _____

REQUESTED EXTENSION PERIOD	FROM		TO	
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Project Information

1. Please provide a detailed summary of the project:

2. Please describe the work that is left to complete:

3. Please provide reason(s) for the project delay:

4. Percentage of the project left to be completed: _____%

5. Has construction been continuous? Yes No (if **no**, elaborate below and advise the stop and resume date)

6. Confirm the value of unfinished work and the specific details describing work that is left to be completed:

7. Provide and updated Gantt Chart: Attached

8. Provide current interior and exterior pictures of the project: Attached

9. Has the General Contractor changed from the project inception? Yes No (if **yes**, provide an explanation below)

10. Is the project currently fenced and will continue to be fenced until the expiration of the Policy? (Fenced Project Site means a fence, not less than six feet in height, that completely surrounds the "project site" with no openings unless gated. All gates shall be closed and locked, to secure against entry to the "project site" during all "non-working hours".)

Yes No

If yes, are you checking the site hourly or continuously? Hourly Continuously

If no, provide an explanation below:

11. Does the project have a security service during all non-working hours until the expiration of the Policy? (*Security Service means a watchman, or watchmen, making rounds of the "project site" during all "non-working hours".*)

Yes No

If yes, is the CCTV transmitted to a site that is monitored 24/7? Yes No

If no, provide an explanation below:

12. Are there Motion-activated security cameras at the project site that will remain operational until the expiration of the Policy?

Yes No

If no, provide an explanation below:

13. Does the project have exterior lighting that will be operational until the expiration of the Policy? (*Exterior Lighting means the "project site" shall be provided with lighting that shall illuminate the entire perimeter of the "project site" and will be operational during all non-daylight hours.*)

Yes No

If no, provide an explanation below:

14. Are hot works completed? Yes No

If no, describe the remaining hot works left to be completed:

15. Is Pex or Kitec piping used on this project? Yes No

16. Fill out the table below:

If no, please provide a scheduled date:

Has the permanent water been turned on in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the permanent electrical been turned on in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the sprinkler system charged and operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the central station fire alarm charged and operational throughout the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the fire department inspection occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Is the building(s) closed in with all windows and external doors installed and weather sealed?

Yes No

If no, provide a detailed explanation and a scheduled date the building(s) will be sealed:

18. Does any portion of the project have its Temporary Certificate of Occupancy (TCO)?

Yes No

If no, when is the project scheduled to receive its TCO: _____

If yes, provide a plot map that identifies which building(s)/floors/sections are completed and have their TCO and which buildings(s) are still undergoing construction: Attached

If yes, confirm the date TCO was received: _____

19. Will the project be getting TCO on the same day or in phases? Same Day In Phases

If the building is getting TCO in phases please attach a site plan showing how the project is split in phases:

Attached

If the building is getting TCO in phases, describe below how the public and residents are being kept out of active construction areas:

20. Is any part of the building currently occupied? Yes No

If no, when is the first move in scheduled: _____

If yes, confirm the current percent occupied and date of the first move in: _____

If yes, confirm the approximate occupancy throughout the extension term: _____

21. Is the extension TIV the same as bound?

If no, provide the new requested TIV and TIV breakout:

22. Have there been any losses that have occurred during the policy term? Yes No

If yes, provide additional information below:

23. Are there any known losses or occurrences that could lead to a loss/claim that have not been previously reported?

Yes No

If yes, elaborate below and advise if any preventative measures have been put in place:

Questionnaire Completed By: _____ Date Completed On: _____