

Innovation Growth Partners Extension Questionnaire

Today's Date:
Policy Number(s)
Named Insured:
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.
Is this building/home up for sale? \square Yes \square No If yes, this account may not be eligible for an extension
Has the construction of this project stopped? \square Yes \square No If yes, this account may not be eligible for a extension.
Reason(s) for delay, including actual days/months for all delays.
Has construction been continuous? \square Yes \square No <i>If not, please elaborate below</i> :
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.
Are Hot Works completed? \square Yes \square No <i>If not, please describe the remaining Hots Works to be completed:</i>
Describe in detail all the work that is left to complete including the cost breakdown of each item.
Value completed to date:

Percentage completed to date:
Is the site security in compliance with the Protective Safeguards endorsement (if applicable) If not, what site security is in place?
Has there been any changes to the completed values? Yes No If Yes confirm new values and provide an updated budget noting the completed cost, this does not imply IGP will increase our capacity more than written:
Has there been any changes to the GC since inception? \square Yes \square No If yes, this account may not be eligible for an extension.
Is the building fully enclosed with all windows/external doors installed and weather sealed?
\square Yes \square No If not, what is the scheduled date when the building will be fully enclosed?
Has the water been turned on \square Yes \square No If No, provide approximate date it will be turned on $___$
Is the sprinkler system charged and operational (if applicable)? \square Yes \square No If No provide approximate date it will be operational
Is the central burglar and fire alarm system operational and active (if applicable)? \square Yes \square No If No provide approximate date they will be operational
****If a temporary certificate of occupancy or a final certified of occupancy has been issued, this account may not be eligible for an extension****
Date the Temporary Certificate of Occupancy was issued (or scheduled to be):
Date the Final Certificate of Occupancy was issued (or scheduled to be):
Date occupancy first occurred, and percentage occupied as of this date: Date%
I hereby certify that, to the best of my knowledge, the provided information is true and accurate.
Signature of preparer:Date
Miscellaneous Comments Section: