Innovation Growth Partners Specialty, LLC 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? ☐Yes ☐No If yes, this account may not be eligible for an extension.

Has the construction of this project stopped? ☐Yes ☐No *If* yes, this account may not be eligible for an extension.

Reason(s) for delay, including actual days/months for all delays.

_____

Has construction been continuous? ☐Yes ☐No *If not, please elaborate below*:

_____

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? ☐Yes ☐No *If not, please describe the remaining Hots Works to be completed:*

_____

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? ☐Yes ☐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?

☐Yes ☐No *If not, what is the scheduled date when the building will be fully enclosed*? _____

Has the water been turned on ☐Yes ☐No *If* No, provide approximate date it will be turned on _____

Is the sprinkler system charged and operational (if applicable)? ☐Yes ☐No *If* No provide approximate date it will be operational _____

Is the central burglar and fire alarm system operational and active (if applicable)? ☐Yes ☐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: