Reset Form

[Commercial Property Casualty]

BUILDERS RISK EXTENSION REQUEST

PART 1 GENERAL INFORMATION

Broker: Contact Person: Tel:

Named Insured:

Policy Number:

Project Name:

PART 2 EXTENSION

For what date is the extension required? (DD/MM/YEAR)

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

Is this the first extension request? ☐ Yes ☐ No If "No", how many times has the policy been extended?

What is/are the reason(s) for the additional extension?

Please indicate any changes there will be from:

(a) Original scope of the work:

(b) Original value of the project:

Status of the project:

Percentage of the total project work completed: % Approximate dollar value of the work completed to date: $

Approximate value of work remaining to be completed: $

Please provide details of any anticipated occupancy of the project prior to the new anticipated date of completion:

If there will be any partial occupancy, please advise what procedures the Owner(s) have in place handling partial occupancy:

Have there been any claims or known incidents that may arise in a potential claim since the inception of the project?

Completed By: Position:

Date: Signature:

SUBMIT