

Name of Insured:	Policy Number:
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To what date is the term extension required?	
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What is (are) the reason(s) the term extension is required? Provide specific reasons for the delay in completing the project and detail any unforeseen difficulties executing the work. The more detailed items provided, the better:

Provide details on remaining work to be completed on the project and values of such work:

Prior to the new anticipated date of completion, does the insured anticipate any change to the current occupancy?

Yes No If yes, please detail:

Has there been any change in the scope of work or values from the original proposal?

Yes No If yes, please detail:

Project Status	Percentage of the total project work completed:	
	Approximate dollar value of work completed to date:	
	Approximate dollar value of work remaining to be completed:	

Have there been any claims or known incidents that may result in a claim or loss since the project commenced?

Yes No

Completed By:	Date:
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