

Name of Insured: _____

Address: _____

Address of Property under Construction: _____

Certificate Number _____

Property Premium per month (from original Premium Worksheet)	
Length of extension requested	x
Extension Surcharge	x 1.5
Total Property Extension Premium	
Liability (CGL) (optional)	
\$1,000,000	\$150
\$2,000,000	\$250
\$5,000,000	Refer to CFI
*Needed to be on original certificate	
Additional monthly premium if applicable (Flood and Earthquake)	
*Needed to be on original certificate	
Proposed Total Extension Premium (Property & Liability)	\$

What is the reason for extension request?

What stage of construction is the building at?

Is there any other information pertaining to this COC that you can provide that will assist in your request.

Client's signature _____

Broker's signature _____

Echelon requires all copies of original certificates, premium worksheets and any other supporting documents to process your request for extension over the maximum 12 months.
Please allow 10 business days for a response to your extension request.
Please contact Faith Reiter @ faith.reiter@groupassur.com with any questions.