

# Specific Cover Extension - Owner Builder

Insured Name			
<input style="width:100%;" type="text"/>			
Policy Number	Due Date of Policy	Initial project commencement date	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text" value="/ /"/>	<input style="width:100%;" type="text" value="/ /"/>	
Address of Works		State	Postcode
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Length of extension required	Original project value insured	Cost of works done	Final project value
<input style="width:100%;" type="text" value="/ /"/>	<input style="width:100%;" type="text" value="\$"/>	<input style="width:100%;" type="text" value="\$"/>	<input style="width:100%;" type="text" value="\$"/>
Details of works completed			
<input style="width:100%; height: 40px;" type="text"/>			
<input style="width:100%; height: 40px;" type="text"/>			
<input style="width:100%; height: 40px;" type="text"/>			
Details of works remaining			
<input style="width:100%; height: 40px;" type="text"/>			
<input style="width:100%; height: 40px;" type="text"/>			
<input style="width:100%; height: 40px;" type="text"/>			
Reason for delay			
<input style="width:100%; height: 40px;" type="text"/>			
<input style="width:100%; height: 40px;" type="text"/>			
Site security			
<input style="width:100%; height: 40px;" type="text"/>			
<input style="width:100%; height: 40px;" type="text"/>			

## CLAIMS/INCIDENTS

I/We confirm by signature below that there have been no claims or incidents that have not been reported to the insurer.

**NOTES:**

1. If extension of cover is granted it is on the understanding that no appliances will be installed or stored on site until lock up is fully completed and the dwelling fully secured.
2. Insurers may request a higher excess for the extension period.
3. Granting of this extension in no way commits the insurer to further extensions of cover.

Insured Name	
<input style="width:100%;" type="text"/>	
Signature	Date
<input style="width:100%; height: 40px;" type="text"/>	<input style="width:100%; height: 40px;" type="text" value="/ /"/>

## OFFICE DETAILS

<b>VIC</b>	GPO Box 4897 V V, Melbourne VIC 3001 Ph: 1300 554 227 Fax: 03 9666 0290	<b>NSW</b>	PO Box 883, North Ryde BC 1670 Ph: 1300 200 201 Fax: 02 9808 7233	<b>SA</b>	PO Box 550, Hindmarsh SA 5007 Ph: 1300 600 601 Fax: 08 8340 7599
<b>TAS</b>	GPO Box 182, Hobart TAS 7001 Ph: 03 6234 9770 Fax: 03 6234 9735	<b>ACT</b>	GPO Box 2188, Canberra ACT 2601 Ph: 02 6230 4985 Fax: 02 6230 0541	<b>WA</b>	PO Box 1494, Osborne Park DC, WA 6916 Ph: 1300 800 801 Fax: 08 9443 8166
<b>QLD</b>	PO Box 3061, Sth Brisbane QLD 4101 Ph: 07 3255 3600 Fax: 07 3255 3144	<b>NT</b>	PO Box 400, Parap NT 0820 Ph: 08 8981 9400 Fax: 08 8981 1706	Website: <a href="http://www.hiainsurance.com.au">www.hiainsurance.com.au</a>	