

THIS EXTENSION AGREEMENT made effective the Effective Day day of Effective Month, Effective Year

BETWEEN:

INSURANCE CORPORATION OF BRITISH COLUMBIA,

Driver Training Unit
P.O. Box 3750
Victoria, BC V8W 3Y5

("ICBC")

OF THE FIRST PART

AND:

[Owner's Name (if DBA)]
[SCHOOL NAME]
[Address]
[City], BC [Postal Code]

(the "Facility")

OF THE SECOND PART

WHEREAS

- A. ICBC and the Facility have entered into an agreement dated the Day of Latest Agreement day of Month of Latest Agreement, Year of Latest Agreement for training and certifying motorcycle licensees (herein called the "Agreement").
- B. ICBC and the Facility wish to extend the term of the Agreement.

Therefore, in consideration of the mutual covenants and agreements contained herein, sufficiency of which is hereby acknowledged by the parties, the parties hereto agree as follows:

1. Paragraph 2.1 of the Agreement is amended to read as follows:

"2.1 The term of this Agreement is from the date of execution by both parties to Expiry Date, unless terminated earlier by ICBC or the Facility in accordance with this Agreement."
2. The Expiry Date on page 11 of the Agreement is amended to read: "Expiry Date"
3. The Facility's continued participation in the Driver Certification Program after the expiry of the Agreement will be at ICBC's sole discretion. ICBC does not guarantee renewal or extension of the Agreement beyond the term of this Extension Agreement.
4. All of the terms of the Agreement shall continue in full force and effect save and except where they are expressly modified by this Extension Agreement.

5. This Extension Agreement shall enure to the benefit of and be binding upon the parties hereto and their respective heirs, executors, administrators, successors and assigns.

The parties intending to be legally bound, have executed this Extension Agreement as of the date set out at the beginning of this Extension Agreement.

**INSURANCE CORPORATION
OF BRITISH COLUMBIA**

Per: Dylan Michael, Manager, Driver Training Industry Support

Authorized Signatory

[SCHOOL NAME]

Per: _____

Authorized signatory