

STORAGE EXTENSION REQUEST

Certificate No:



TG International Insurance Brokerage, Inc.
P.O. Box 99, San Juan Capistrano, California 92693-0099
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Please refer to your insurance certificate to determine how many days of "free" storage coverage comes with your policy.

If your property will remain in storage beyond the "free" storage period, please note the following:

- Storage extensions are based on a 30-day period or fraction thereof.
- Shipment must be stored in a household goods moving company's protected commercial storage warehouse. Mini-storage and/or self-storage facilities cannot be used. Coverage will be VOID upon placement in any such facility.
- Shipment cannot be accessed, property removed or added, without prior approval from TGI. This approval is not guaranteed and is granted by the Insurance Company.
- This "Storage Extension Request Form" and premium fee for the extension must be received by TGI before the "free" storage period expires.

Storage insurance premium is \$.25 per \$100 of value for each 30-day period or fraction thereof.

I HEREBY REQUEST THAT MY TRANSIT INSURANCE BE EXTENDED FOR _____ MONTHS.
EXTEND FROM (DATE) _____ TO _____

MY SHIPMENT IS STORED AT: _____ ORIGIN _____ DESTINATION _____

NAME AND ADDRESS OF WAREHOUSE: _____

MY SHIPMENT ENTERED STORAGE ON (DATE): _____

Storage Premium Computation:

In Adobe Acrobat/Reader: Enter 'Total Amount Insured', '.0025' and 'Number of Months' and table will calculate your 'Monthly Premium' and 'Total Due' automatically.

Total Amount Insured	x	.0025	=	Monthly Premium	x	# Of Months	=	TOTAL DUE
	x		=		x		=	

Coverage cannot be extended unless payment in U.S. Dollars accompanies this request. We can accept payments by check, credit card, or money order

I HEREBY AUTHORIZE *TG INTERNATIONAL INSURANCE BROKERAGE, INC.* TO INITIATE CHARGES AGAINST MY:

VISA MASTERCARD AMERICAN EXPRESS

CARD NO:
EXPIRATION DATE:
NAME OF CARDHOLDER (AS IT APPEARS ON CARD):
BILLING ADDRESS:
PHONE NUMBER:

CUSTOMER SIGNATURE AUTHORIZING CHARGE: _____

PLEASE MAIL CONFIRMATION OF COVERAGE EXTENSION TO:

Please mail, fax or e-mail this completed form to TGI.