

STORAGE EXTENSION REQUEST

Certificate No:

TG International Insurance Brokerage, Inc.
P.O. Box 99, San Juan Capistrano, California 92693-0099
Tel: (949) 661-6020 * Fax: (949) 661-9758 * Email: webmaster@tqinternational.com

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 \$0.25 per \$100 of value for each 30-day period or fraction thereof. A minimum charge of US\$10.00 applies to all extensions.

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.