

NAMED PERILS APPLICATION

TGCE74-4/07

TG INTERNATIONAL INSURANCE BROKERAGE, INC.
 MAILING ADDRESS: P.O. Box 99, San Juan Capistrano, CA 92693
 32122 Camino Capistrano, Suite 110, San Juan Capistrano, CA 92675
 TEL: 949-661-6020 • FAX: 949-661-9758

CERTIFICATE NO: _____

Name: _____ Moving From: _____ Moving To: _____	Mail certificate to (address) : _____
Pick-Up Date: _____ Estimated Delivery Date: _____ Moving Company (Professional Packers): _____	Amount of insurance requested Household Goods: _____ Vehicle(s): _____ Total Insured Value (U.S.\$): _____ <small>For amounts in excess of \$300,000.00 prior written approval must be secured from TG International Insurance Brokerage Inc.</small> How Moving: <input type="checkbox"/> AIR <input type="checkbox"/> SEA <input type="checkbox"/> LAND

NOTE: TG International Insurance Brokerage, Inc. is hereafter referred to as TGI. Insurance coverage does not attach until certificate is reported to TGI.

NO DEDUCTIBLE HOUSEHOLD GOODS/PERSONAL EFFECTS AND VEHICLE COVERAGE FOR LOSS AND/OR DAMAGE ONLY WHEN LOSS/DAMAGE IS A DIRECT RESULT OF:

- * **GOODS BY AIR:** Loss and/or damage caused by fire, lightning, cyclones or tornadoes, or aircraft crash.
- * **GOODS BY SEA:** Loss and/or damage caused by stranding, sinking, burning or collision of the vessel, faults or errors in the management of the vessel, bursting of boilers, latent defect in hull or machinery, jettison of the cargo, barratry, or explosion.
- * **GOODS BY LAND:** Loss and/or damage caused by collision, upset or overturn of the transporting conveyance, derailment, fire, lightning, sling loss, flood (rising of navigable waters), collapse or subsidence of docks, earthquake, cyclones/hurricanes, or sprinkler leakage.
- * **VEHICLES:** Vehicles moving under this certificate are limited to private passenger automobiles, including pick-up trucks and vans up to one-ton capacity. Excludes: Commercial, step vans, tractors, emergency, custom, modified or high performance, antique or classics, home built or kit cars, motor homes or campers, vehicle driven under its own power.

TRANSIT CLAUSE: Coverage attaches from the time the goods leave the origin designated on the certificate for the commencement of the transit and continues until the goods are delivered to consignee, consignee's residence, or other final warehouse or place of storage at the destination named on the certificate.

- (A) Insurance coverage terminates on the date/time shipment is accessed.
- (B) Insurance coverage terminates immediately if any of the insured property is released from the Through Bill Lading Household Goods Carrier to named insured or their designated representative while shipment is enroute to destination.
- (C) Does not cover goods while in storage.

EVIDENCE CLAUSE: Receipt by insured (or insured's agent) of the shipment without written notations of specific loss and/or damage on carrier's delivery documents at time of receipt shall be evidence that the shipment has been delivered complete and in proper and like condition as when tendered for shipment at origin. All loss and/or damage must be witnessed at time of delivery by delivering carrier's representative, and this representative's signature must appear on delivery document verifying the existence of any such loss or damage. **FAILURE TO COMPLY PRECLUDES RECOVERY.**

CLAIM REPORTING: Claim must be submitted to TGI within 45 days of shipment's arrival at destination. Contact TGI for claim form.

PREMIUM PAYMENT: Where the named insured has not paid premium directly to TGI, any party receiving premium from the named insured is construed as the insured's agent for payment of said premium to TGI. Failure of TGI to receive such premium will void any and all unpaid insurance coverage. Claims will not be honored unless premium payment has been received by TGI.

DUTY/BURDEN OF INSURED: The burden of proof of loss/damage as a direct result of one of the named perils is the responsibility of the insured.

AMOUNT OF INSURANCE OR LIMIT OF LIABILITY:

- The Company shall not be liable for more than the amount of insurance shown on the face of this certificate; no betterment allowed.
- The Insurance Company may require proof of value and proof of shipment of any item claimed.
- Payment of claims will be in U.S. Dollars.

MISREPRESENTATION AND FRAUD: This certificate shall be void if whether before or after a loss the insured has concealed or misrepresented any material fact or circumstance concerning this insurance.

SUBROGATION CLAUSE: The Company shall be subrogated to the extent of their payment for losses hereunder to all insured's rights to recover against any person or organization.

OTHER INSURANCE: This insurance does not cover to the extent of any other insurance covering the same property, and the Company shall be liable for loss or damage only for the excess value beyond the amount due from such other insurance.

SUIT AGAINST COMPANY: No suit, action or proceeding against this Company for recovery of any claim shall be sustainable unless commenced within one year from the date of the happening out of which the claim arises, provided that if such limitation is invalid by the laws of the state in which this policy is issued, then such suit, action or proceeding shall be barred unless commenced within the shortest limit of time permitted by the laws of such state.

ABANDONMENT: There cannot be any abandonment of any insured property to the insurance underwriters or anyone else.

ASSIGNMENT OF INSURANCE COVERAGE: This insurance shall be void if assigned or transferred without the written consent of this Insurance Company.

I desire to effect insurance with Underwriters as arranged by TGI. I have read the face of this application and understand that this application shall be taken as the basis for the proposed contract between myself, TGI, and their Underwriters. I understand that the moving company/forwarder is acting as "agent for the insured" in securing this coverage, and the moving company/forwarder is not TGI's agent and has no authority to change/modify any condition of coverage.

APPLICANT'S SIGNATURE: _____ DATE: _____