

**APPLICATION FOR
AUTOMOBILE
DOMESTIC TRANSIT INSURANCE COVERAGE**

Name and Present Address:	Destination Address:
Vehicle Make:	Model: Year:
Pick Up Date: _____ Estimated Delivery Date: _____	*Insured Value \$ _____ (*Insured Value is to Equal Replacement Cost Less Depreciation)

Freight Forwarder/Carrier Name _____

PROGRAM:

Available only for passenger carrying automobiles moved under household goods van lines bill of lading and transported on a moving van or auto carrier.

COVERAGE:

All risks: Insured against all risks of direct physical loss or damage from any external cause. Limited to fortuitous losses only.

Coverage attaches from time vehicle is received by the carrier for commencement of transit and continues for a maximum of 60 days from pick up date at origin, or until date/time vehicle is released from custody of through bill of lading household goods carrier, whichever is sooner.

Coverage attaches only when a vehicle **condition report** is completed and signed by both vehicle owner or his authorized representative and the household goods carrier's representative. Failure to prepare a complete condition inspection report for each vehicle at both origin and destination limits this coverage to Named Perils only.

Amount of insurance purchased must be the full actual cash value of the vehicle or any claim will be subject to the 100% Co-Insurance Clause (see Special Note below). Actual cash value is replacement cost, less depreciation. The company shall not be liable for more than the insured value specified on insurance certificate (up to a maximum limit of \$55,000.00 per vehicle) on any loss, disaster or casualty, either in case of partial loss or total loss or salvage or any other costs or expenses or all combined.

Insurance Coverage terminates immediately if insured vehicle is released from custody of the Through Bill of Lading Household Goods Carrier to Named Insured or his/her designated representative while enroute to destination shown on Certificate. This includes the Insured's instructions to release the vehicle to a transportation company and/or storage company, with which the Insured made direct arrangements for transportation and/or storage.

TERRITORIAL LIMITS: Applies to shipments within the 48 contiguous states of United States of America, District of Columbia and Canada.

EXCLUSIONS: This Insurance Does Not Cover:

- Vehicle driven under its own power, nor while being towed or pulled.
- Damage to paint.
- Damage or loss occurring in other than the ordinary course of transit.
- Non-Factory installed items and/or equipment.
- Personal items (including tools) shipped inside vehicle.
- Acts of God; damage caused by freezing, loading and unloading; strikes, riots and civil commotions.
- Antique, customized, or special automobiles (vehicles and motorcycles), such as racing vehicles, Motor Homes, and Campers.
- Loss or damage caused by wear and tear, no mechanical/electrical derangement/malfunction.
- Acts of governments and/or customs authorities; confiscation; loss in market or appraised value; consequential losses; inconvenience or delay.
- If transporting conveyance is captured, seized or abandoned.
- Any vehicle for which actual cash value (replacement cost less depreciation) exceeds \$55,000.00.
- Damage of any type to antenna, tires, and/or batteries.
- Damage caused by gasoline, battery acid, and/or grease.
- Paint damage to Motorcycles.
- Loss and/or damage to Air Bags.

DEDUCTIBLE: No Deductible

SPECIAL NOTE:

Insurance contains a 100% Co-Insurance clause. Meaning: If the amount of insurance purchased is not equal to the actual cash value of the vehicle at the time of insuring, the company will not pay for the full value of loss or damage. (The insured shall to the extent of such deficit bear his, her or their proportion of the loss.)

DUTY OF THE INSURED:

It is the duty of the insured and their agents, in all cases, to take such measures as may be reasonable for the purpose of averting or minimizing a loss and to ensure that all rights against bailees, carriers or other third parties are properly preserved and exercised.

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EVIDENCE CLAUSE:

Receipt by the insured (or the insured's agent) of the vehicle without written notations of specific damage or loss on the carrier's delivery documents at time of receipt (delivery) shall be evidence that the shipment has been delivered complete and in proper condition.

SUBROGATION CLAUSE:

The company shall be subrogated to the extent of their payment for losses, to all the insured's rights to recover against any person or organization.

OTHER INSURANCE:

This insurance does not cover to the extent of any other insurance, whether prior or subsequent hereto in date, and by whomever effected, directly or indirectly covering the same vehicle and the Company shall be liable for loss or damage only for the excess value beyond the amount due from such other insurance.

CLAIM PAYMENT:

The limit of the Company's liability of loss shall not exceed the actual cash value of the vehicle at time of loss, or what it would then cost to repair or replace the vehicle with other of like kind and condition, or the applicable limit of liability stated in the certificate of insurance, whichever amount is less. Repair, replacement or cash allowance is at Company's sole option.

- A. No betterment allowable
- B. Claims will not be honored unless premium payment has been received by TG INTERNATIONAL INSURANCE BROKERAGE, INC.
- C. As a condition precedent to payment of a claim, the claim must be filed in writing directly with TG International Insurance Brokerage, Inc. within 90 days of the vehicle's arrival at destination, or within 90 days of date coverage ceases, whichever is earlier.
- D. Documents required to support claim: Signed claim specifying loss/damages and amount claimed; bill of lading; origin and destination condition reports; and applicable repair estimates. Survey (inspection) is required and authorized only to substantiate any claim exceeding \$1,200.00 (U.S.).

SPECIAL NOTE:

Do not delay claim submission awaiting repair estimates or survey report. Supporting documentation may be submitted subsequent to claim.

MISREPRESENTATION AND FRAUD:

This certificate shall be void if the insured or his agent has concealed or misrepresented any material fact or circumstances affecting the risk or concerning this insurance or the subject thereof.

SALVAGE CLAUSE:

When actual cash value or declared value is paid for any item, the Company (at its sole option) has the right to salvage of the item.

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.

ASSIGNMENT OF CERTIFICATE:

The certificate shall be void if assigned or transferred without the written consent of this Company.

ASPEN AMERICA INSURANCE COMPANY, OCAGCFM16

PROVIDED THROUGH: TG INTERNATIONAL INSURANCE BROKERAGE, INC.

I DESIRE TO EFFECT INSURANCE WITH AMERICAN HOME ASSURANCE COMPANY AS ARRANGED BY TG INTERNATIONAL INSURANCE BROKERAGE, INC. I DECLARE THAT THE ABOVE ENTRIES ARE TRUE AND THAT NOTHING MATERIALLY EFFECTING THE RISK HAS BEEN CONCEALED BY ME AND THAT THE AMOUNT STATED ABOVE IS THE ACTUAL CASH VALUE (REPLACEMENT COST LESS DEPRECIATION) OF THE VEHICLE COVERED BY THIS APPLICATION. I HAVE READ THE REVERSE OF THIS APPLICATION (SHOWING CONDITIONS AND EXCLUSIONS) AND I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS AS STATED HEREON. I AGREE THAT THIS APPLICATION SHALL BE TAKEN AS THE BASIS FOR THE PROPOSED CONTRACT BETWEEN MYSELF, TG INTERNATIONAL INSURANCE BROKERAGE, INC. AND AMERICAN HOME ASSURANCE COMPANY. I UNDERSTAND THAT THE MOVING COMPANY/FORWARDER IS ACTING AS "AGENT FOR THE INSURED" IN SECURING THIS COVERAGE. THE MOVING COMPANY/FORWARDER IS NOT TG INTERNATIONAL INSURANCE BROKERAGE, INC.'S AGENT AND HAS NO AUTHORITY TO CHANGE/MODIFY ANY CONDITION OF COVERAGE.

TG International Insurance Brokerage, Inc.
P.O. Box 99, San Juan Capistrano, CA 92693-0099. Telephone 949-661-6020

Applicant's Signature _____

DATE _____

Conditions, exceptions and requirements are as stated hereon. No authorization has been granted to any party to modify or change any condition or requirement for coverage.