

Re: Phone Protection Replacement

This program is underwritten by Continental Casualty Company, a CNA company, and administered by Asurion Protection Services, LLC, a licensed agent of CNA. Before we can proceed, we ask that you provide us with the following documentation:

- Notarized Sworn Affidavit and Proof of Loss Statement (**Below**)
- Copy of your most recent wireless bill (**Summary Page Only**)
- Copy of your driver's license or Government Issued State ID

All documents must be legible and this letter must accompany the paperwork. This letter will print automatically with your affidavit. Once we receive the items listed above, we will complete our review of your replacement request. You must return all **documentation to the address listed below within 60 days of the date you requested your replacement** as provided in the Coverage Certificate or your claim may be denied. If you have any questions, please contact us at **1-866-828-6011**. Thank you.

Sincerely,

Asurion Protection Services, LLC*
Attn: Review Team (C1)
P.O. Box 413886
Kansas City, MO 64141-3886

NOTICE: This letter or a copy of it must accompany the returned paperwork.

Sworn Affidavit and Proof of Loss Statement

****All fields must be completed****

Section I. Accountholder Information

Accountholder Name _____ Wireless Number () _____

Mailing Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Section II. Loss Information

Accountholder's Contact Phone Number () _____

Insured Equipment Claimed (Make/Model) _____

Date of Occurrence (dd/mm/yyyy) (Date Insured Equipment was Lost, Stolen, Damaged, etc.) _____

Description of Occurrence (How was your phone lost, stolen, damaged, etc.)

Section III. Accountholder Signature and Notarization

****This section MUST be signed and sealed by a certified notary****

I hereby swear or affirm that I have completed the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

SIGNED on this _____ day of _____, 200__.

Accountholder Signature

STATE of _____ COUNTY of _____

Before me, the undersigned authority, personally appeared _____, who is [circle one] (personally known to me) OR (presented _____ as identification), and who being duly sworn, stated under oath that he/she executed the foregoing for the purposes therein intended, this _____ day of _____, 200__.

Notary Public

My Commission Expires: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a crime. All claim files and documentation, including this affidavit, are subject to inspection by the various states Department of Insurance.