

Re: Wireless Phone Insurance

Wireless Phone Insurance 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:

- ❑ Sworn Affidavit and Proof of Loss Statement (**Below**)
- ❑ Copy of your most recent AT&T Wireless bill (**Summary Page Only**)
- ❑ Copy of your driver's license or Government Issued State ID
- ❑ Provide upon request a valid proof of purchase of one of the examples listed below:
 - Photocopy of original Service Agreement Contract
 - Store Receipt
 - Electronic register receipt
 - Purchase receipt with the listing of the ESN or IMEI and make/model included
 - Packing Slip displaying contents of shipment for the phone being claimed
 - Photocopy of numeric barcode from side of the box

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 above 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 **1-800-241-4716**. Thank you.

Sincerely,

Asurion Protection Services, LLC*
Attn: Review Team (ATT)

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's 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

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's Signature

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 a felony.

All claim files and documentation, including this affidavit, are subject to inspection by the various states Department of Insurance.