

Re: Equipment Replacement Program

The Equipment Replacement 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:

- ❑ Sworn Affidavit and Proof of Loss Statement (**Enclosed**)
- ❑ Copy of your driver's license or Government Issued State ID (which we will treat as confidential information in compliance with applicable privacy laws and regulations).

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 claim. You must **fax all documentation to us at 888-832-0511, or return it 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. Proof of purchase may be required upon request. If you have any questions, please contact us at **1-866-207-6894**. Thank you.

Sincerely,

Asurion Protection Services, LLC\*  
Attn: Review Team (ERP)  
PO Box 413886  
Kansas City, MO 64141-3886

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

Asurion is committed to providing fast and accurate service. We will contact you within 24 - 48 business hours to inform you when we have successfully processed your documentation. If you have questions or want to check the status of your claim, please do so after allowing us the 24 - 48 hours to process your documents.

\*In California, Asurion Protection Services Insurance Agency, LLC (CA License Number: OD63161); in Puerto Rico, Asurion Protection Services of Puerto Rico, Inc.; Puerto Rico Resident Agent: Jorge J. Amadeo, Eastern America Insurance Agency, Inc.

## Sworn Affidavit and Proof of Loss Statement

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

**FAX TO 888-832-0511**

### 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

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

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.