## WIRELESS EQUIPMENT INSURANCE CLAIM AFFIDAVIT FAQS

#### What do I need to do?

- 1. Complete this form.
- 2. Have your completed form notarized.
- 3. Submit the notarized form and a copy of a valid government issued ID of the Insured Subscriber by fax, email, or mail.
- 4. Please wait 1 business day while your form is reviewed.
- 5. After 1 business day, call us back at (844)-534-3099 to complete your claim.

#### What type of identification do I need?

Any of these government-issued photo IDs will work. The name on the ID must match the Insured Subscriber's name. Be sure your copy is clear, readable, and not altered.

- Driver's License
- State Issued ID
- Resident Alien Permit

- U.S. Passport
- Immigrant Visa
- U.S. Military ID

## Where can I find a notary public?

Notary publics are designated by each state's Secretary of State. Most banks, mailing services (e.g., UPS stores and FedEx Office) and many grocery store customer service counters have a notary public on staff.

#### What if I don't have all this information?

If you don't have the Email Address, Contact Number(s), or the Claimed ESN/MEID, go ahead and submit the form. **All other information is required**. Including your contact information will help prevent a delay in processing.

#### Where can I find my device's ESN/MEID?

Here are three places to look for the ESN/MEID:

- Your original receipt
- Contact your wireless carrier
- If you still have your device:
  - o For iPhones: select "Settings", "General", and "About" to locate your MEID.
  - o For most other devices: your ESN/MEID is located under the battery.

### How do I submit my documents?

For fastest results:

- Fax them to (866) 308-1906
- Email them to <u>Sprint.Documents@esecuritel.com</u>
- Log On at myphoneguardian.com/boostmobile, find your claim, and upload directly

You can also mail them to eSecuritel Holdings, LLC, Attn: Fraud Management, P.O. Box 03, Alpharetta, GA 30009-9998.

#### What's the next step?

After submitting your document, wait 1 business day for it to be reviewed.

After 1 business day, please call us back at (844)-534-3099, to complete your claim.



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# WIRELESS EQUIPMENT INSURANCE CLAIM AFFIDAVIT

Send completed form by FAX (866) 308-1906 or EMAIL: Sprint.Documents@esecuritel.com

Section I: Subscriber Information
Insured Subscriber's Printed Name Mobile Number
Wireless Carrier
Billing Address
City State Zip Code
Email address Contact Number(s)
Your contact information will not be shared with any 3rd parties. The information will only be used to contact you about the status of your claim.
A valid copy of one of the following government-issued IDs must be submitted with this form. Select the type provided.
Driver's License State Issued ID Resident Alient Permit
U.S. Passport Immigrant Visa U.S. Military ID
Section II: Claim Details – Complete for all claims
If your phone has been lost or stolen, you must report your phone as lost or stolen to your wireless carrier before submitting this affidavit. You must request the phone to be permanently disabled on your carrier's network to prevent further usage.
Claimed Phone Make/Model Claimed ESN/MEID* Where can I find my claimed phone's ESN/MEID? See FAQs.
Loss/Incident/Failure Date Check One: My phone was Lost Stolen Damaged Just Stopped Working  Description of loss, incident or failure
Section III: Notarized Sworn Statement
eSecuritel considers material misrepresentation of facts regarding your claim as an act of Fraud. If eSecuritel determines the facts of your claim were intentionally misleading, eSecuritel reserves the right to charge you the additional costs incurred by eSecuritel and will take legal action as deemed appropriate. By signing below, you are swearing the information provided in this Claim Affidavit Statement is true to the best of your knowledge. This statement must be signed in the presence of a notary.  Insured Subscriber's Signature Dated Signed
Section III.a To be completed by Notary:
(Insured's Printed Name) personally appeared before me and
produced his/her government-issued photo ID, and being first duly sworn declared that the statements contained in this Claim Affidavit are true.
SWORN AND SUBSCRIBED TO BEFORE ME ON THIS
DAY OF 20
Notary Notary Public's Phone Number (Personalized Seal)



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