

Claim Declaration

IMPORTANT LEGAL NOTICE: A person who knowingly makes or presents a false or fraudulent statement with the intent to injure, defraud, or deceive any insurer may be guilty of a crime and liable for civil damages and/or criminal culpability. If fraud is discovered, Likewize Device Protection, LLC may take appropriate steps for any available legal remedies.

Section I: Subscriber Information

Enrolled Subscriber's Printed Name _____ Mobile Number _____
Wireless Carrier _____
Billing Address _____
City _____ State _____ Zip Code _____
Email Address _____ Contact Number(s) _____

You must submit a valid copy of one of the government-issued IDs listed below. Please select the type submitted.

- Driver's License Passport
 U.S. State or Federally Issued ID U.S. Government Issued Visa or Residency ID

Section II: Replacement Request Details

If your device has been lost or stolen, before submitting this Claim Declaration, you must report your device as lost or stolen to your wireless carrier and the device must be permanently disabled on your carrier's network. By submitting this Claim Declaration, you acknowledge and certify that you have reported your lost or stolen device to your wireless carrier and have requested that the device be permanently disabled on your wireless carrier's network.

Device Make/Model _____ Device IMEI/ESN/MEID* _____
Incident Date _____ *See FAQs for help locating your device's IMEI/ESN/MEID.

My device is (select one): Lost Theft Damaged Malfunctioning

Please describe the loss, theft, incident, or failure:

Section III: Sworn Statement

I hereby make a replacement request with the insurance company/service contract provider. I acknowledge that if any property which is the subject of this replacement request and which is replaced or paid for by Likewize Device Protection, LLC is recovered at any time, it is the property of Likewize Device Protection, LLC and must be returned to Likewize Device Protection, LLC. I understand that if I fail to return such property, I am subject to, and authorize, a non-return fee using the method of payment used to originally file this replacement request.

I swear/affirm that the wireless device I am claiming is owned by me and that the information provided above is true and accurate. I understand that any false or misleading statement made may be fraud. Likewize Device Protection, LLC may take any legal actions possible in the event of a fraudulent claim.

Enrolled Subscriber's Signature _____ Date _____

Based on circumstances, Likewize reserves the right to require this Claim Declaration be resubmitted as an Affidavit.

