

# Claim Declaration

You are making a claim under an insurance policy underwritten by Zurich Insurance Company Ltd (Canadian Branch) (“Zurich”). Likewise Device Protection, Ltd. (“Likewise”) is the Administrator of the policy. Crawford & Company (Canada) Inc. (“Crawford”) is duly authorized to adjust claims on behalf of Zurich.

**IMPORTANT LEGAL NOTICE:** Based upon circumstances related to this Claim, Zurich needs to obtain additional information or verify information provided. A person who knowingly presents a false or fraudulent Claim Declaration with the intent to injure, defraud, or deceive may be subject to civil liability and/or criminal culpability. When fraud is discovered, Zurich or its authorized representatives may take steps to stop such fraud and will explore all available legal remedies.

## Section I: Privacy

Your personal information is being collected in order to provide the services needed to administer the policy and adjudicate claims on behalf of Zurich. Your personal information may be used and disclosed among Zurich, Likewise, and Crawford and will be stored in accordance with applicable law.

**Zurich Privacy Statement:** By submitting this information you are providing consent for the collection, use and disclosure of your personal information as may be necessary to access, investigate, and settle claims. Your personal information may be processed and stored by Zurich and its affiliates and authorized representatives, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws. Please contact the Zurich Privacy Officer if you require further additional information regarding the collection, use, disclosure, processing and storage of your personal information via email at [privacy.zurich.canada@zurich.com](mailto:privacy.zurich.canada@zurich.com) or you can review our privacy statement at [zurichcanada.com/en-ca/about-zurich/privacy-statement](http://zurichcanada.com/en-ca/about-zurich/privacy-statement). The above-named claimant may refuse to consent or withdraw their consent to the collection, storage, use or disclosure of personal information; however, the refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits. Zurich is committed to protecting the privacy and confidentiality of information provided. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of the Company’s insurance business in Canada.

**Likewise Privacy Statement:** Please see [likewise.com/privacy-notice-canada/](http://likewise.com/privacy-notice-canada/) for information on the privacy practices of Likewise.

**Crawford Privacy Statement:** Please see [crawco.ca/legal/privacy-policy](http://crawco.ca/legal/privacy-policy) for information on the privacy practices of Crawford.

## Section I: Subscriber Information

Enrolled Subscriber’s Full Name \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Wireless Carrier \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Driver’s License        | <input type="checkbox"/> Temporary Visa       |
| <input type="checkbox"/> Passport                | <input type="checkbox"/> Provincial Issued ID |
| <input type="checkbox"/> Permanent Resident Card | (other than Ontario health cards)             |

### Section III: Claim Declaration 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\* \_\_\_\_\_

Loss/Incident/Failure Date \_\_\_\_\_ \*See FAQs for help locating your device's IMEI/ESN/MEID.

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

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

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### Section IV: Statement

I hereby make a Claim to Zurich. I acknowledge that if any property which is the subject of this Claim and which is replaced or paid for by Zurich is recovered at any time, it is the property of Zurich and must be returned to Likewize (on behalf of Zurich). 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 Claim. An electronic signature shall have the same effect as an original signature. I confirm that the wireless device I am requesting for service is owned by me and that the information provided above is true and accurate. I understand that any intentionally false or misleading statement made herein is fraud, and I may face civil liability and/or criminal culpability. Zurich may take any legal actions in its business discretion related to a fraudulent Claim.

Subscriber Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Subscriber's Signature \_\_\_\_\_