SERVICE REQUEST / CLAIM AFFIDAVIT

How to Submit the Required Documentation:
1. Print, fill out, and sign this affidavit.
2. Scan or take pictures of both the completed affidavit and your valid photo identification.
3. Upload the requested documents to your account or email them to DeviceProtectClaims@boltinc.com.

Once submitted, please allow up to two (2) business days for your documents to be reviewed. We will contact you once we have processed your documents.

IMPORTANT LEGAL NOTICE: Based on circumstances related to this service request/claim, the program administrator needs to obtain additional information or verify information provided. A person who knowingly presents false or fraudulent information in connection with this Service Request / Claim Affidavit is guilty of a crime, may be prosecuted under applicable law, and is subject to penalties, which may include restitution, fines, confinement in prison, or any combination thereof. When fraud is suspected or discovered, the program administrator will take appropriate steps to prevent such fraud and explore all available legal remedies, including referral of the matter to appropriate authorities for criminal prosecution.

Section I: Insured Information

Enrolled Insured's Full Name

Mobile Number

Billing Address

City

State

Postal Code

Email Address

Contact Number(s)

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

☐ Driver's License ☐ State Issued ID ☐ Permanent Resident Card
☐ Passport ☐ Temporary Visa ☐ Military ID

Section II: Service Request Details

Complete all applicable fields. If a field does not apply to your item, enter N/A.

Claimed Item

Incident Date

Brand / Model

Serial Number / IMEI (if applicable)

Item status: ☐ Damaged ☐ Malfunctioning ☐ Other: _____

Please describe the incident or failure, including when, where, and how it occurred:

Section III: Sworn Statement

I hereby make a service request/claim as shown on this Affidavit. I acknowledge that if any property that is the subject of this request/claim and that is replaced or paid for by the program administrator is recovered at any time, it is the property of the program administrator and must be returned to the program administrator. I understand that if I fail to return such property, I am subject to and authorize the charging of a non-return fee using the method of payment that I provided to originally file this request/claim. An electronic signature shall have the same effect as an original signature.

I swear/affirm that I own the item that is the subject of this request/claim and that the information provided above is true and correct. I understand that any knowingly false or misleading information submitted in connection with this Affidavit is a crime and that I may be prosecuted under applicable law and subject to penalties. In such instances, the program administrator may take appropriate steps to prevent such fraud and explore all available legal remedies, including criminal prosecution.

I declare under penalty of perjury that the foregoing is true and correct.

Insured Signature

Date Signed