

**New Hampshire Insurance Company
(being a capital stock company)
1271 Avenue of the Americas
1271 6th Ave, New York, NY 10020
Telephone No. 212-770-7000**

WIRELESS EQUIPMENT DEVICE COVERAGE

DECLARATIONS PAGE

Named Insured and Mailing Address:

Policy Number:

Policy Period:

**Policy Start Date: Effective as of _____, 20__, at 12:01 A.M.
local time**

[Wait Period: ____ days]

Policy End Date:

Agency Name, Address, Phone Number & Code:

YOU WILL BE BILLED SEPARATELY FOR ANY PREMIUM DUE.

SUMMARY OF COVERAGE

Class: Mobile Phones

Amount of Coverage: Two (2) Losses per Policy Period

Premium:

Note: If applicable, You must have activated the standard tracking application provided on Your Device and keep it activated for the duration of the term of Your coverage to be and remain eligible for coverage.

Policy Endorsements: [147963 (11/22), 149757 (6/23)]