

Coverage Details

Plan Holder:
<<First Last>
Residence:
<<Address1>>
<<Address2>>
<<City State Zip>

Plan Seller:
American Protection Plans, LLC
901 Yamato Road
Suite 100E
Boca Raton FL 33431

Thank you for your purchase! This Plan covers the repair of your Covered Devices listed below. Please see the enclosed Terms and Conditions and State Variations which will provide details regarding your Coverage.

Following are the details regarding the plan you have purchased:

Plan #: Provided via online account
Plan Purchase Date: Provided via online account
Term: 12 Months
Coverage Start Date: Provided via online account
Coverage Expiration Date: Provided via online account
Autorenew: Y
Total Plan Price: \$119.88
Monthly Payment: Y
Monthly Payment Amount: \$9.99
WAIT PERIOD: 30 days
Optional Coverages: Accidental Damage
Limit of Liability Per Claim: \$1000.00
Plan Claim Limit per 12-month period: 2 Claims

Covered Product(s)	Repair Service Fee	Replacement Service Fee
Active Cellular telephones retailed below \$500	\$49.00	\$99.00
Active Cellular telephones retailed \$500 and above	\$99.00	\$199.00

Total Plan Limit of Liability \$2000.00

The Obligor of this Plan is Ironwood Warranty, LLC, 400 Missouri Ave. Suite 120, Jeffersonville IN 47130, telephone 1-833-775-0249, unless otherwise noted in the State Variations.

In the following states, the Insurer of this Plan is Hornbeam Insurance Company, 471 West Main Suite 302, Louisville, KY 40202, telephone 1-833-637-0114: AL, AK, AZ, DE, GA, HI, IN, KS, KY, LA, MD, MI, MS, NE, NV, NJ, NC, ND, OH, OR, RI, SC, SD, TN, UT, WV and WY. In all other states, the Insurer of this Plan is Lexington National Insurance Corporation, P.O. Box 6098, Lutherville, MD 21094.

The Administrator of this Plan is Bolttech Device Protection Services LLC, 555 North Point Center East, Suite 650, Alpharetta, GA 30022, telephone 1-833-617-2955, email DeviceProtectionClaims@boltinc.com

For Service:
Go to: selfservice.boltinsurance.com

Please be sure to have your Plan Number and proof of purchase in hand when requesting service. This Plan is subject to the terms and conditions and applicable state variations attached to this Coverage Details. Please read the Plan Terms and Conditions and State Variations with care.

BOLT-CGDEC-UNI-001 (09/22)