# Coverage Details

Plan Holder:
<<First Last>
Residence:
<<Address1>>
<<Addres2>>
<<City State Zip>

Plan Seller:
Bolttech Device Protection Services LLC,
555 North Point Center East
Suite 650
Alpharetta, GA 30022

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 #:** [Plan Number]
**Plan Purchase Date:** [Date]
**Term:** [Months]
**Coverage Start Date:** [Date]
**Coverage Expiration Date:** [Date/Monthly Recurring]
**Autorenew:** Y
**Total Plan Price:** $99.00
**Installment Billing:**
**Installment Payment Amount:** $8.25
**Monthly Payment:** [Y/N]
**Monthly Payment Amount: [**NA/$.$$]
**WAIT PERIOD:** 30 Days
**Optional Coverages:** Accidental Damage
**Limit of Liability Per Claim:** $1000
**Plan Claim Limit per 12-month period:** 2

| 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, except Washington.

The Administrator of this Plan is Bolttech Device Protection Services LLC, 555 North Point Center East, Suite 650, Alpharetta, GA 30022, telephone 1-855-577-6432 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.