



**Submit Cellular Telephone Protection Claim to:**

BaZing  
PO Box 1167  
Brentwood, TN 37024-1167  
**FAX:** 855-631-0303  
**Email:** customer.service@bazing.com  
**Customer Service:** 855-822-9464

# Cellular Telephone Protection Claim

*(please print)*

**PLEASE MAKE SURE ALL REQUIRED DOCUMENTS IN SECTION 5 ARE INCLUDED.**

## 1 SECTION 1: ACCOUNTHOLDER | GENERAL INFORMATION

Customer First Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Customer Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Customer Address 1: \_\_\_\_\_ Sponsoring Financial Institution: \_\_\_\_\_

Customer Address 2: \_\_\_\_\_ Name of Eligible (BaZing) Checking Account: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you ever had a previous claim under Cellular Telephone Protection?  
 No  Yes If "Yes" Give Date(s): \_\_\_\_\_

Accountholder Name on Sponsoring Financial Institution Eligible Checking Account Signature Card: \_\_\_\_\_

Did you replace or repair your cell phone?  Replace  Repair

*(Must include written diagnosis or confirmation of the damage to the phone. Take the phone to a repair facility and ask them to document what is wrong with the phone, along with what it would cost to repair it. If it is not repairable they should state this in the written diagnosis.)*

## 2 SECTION 2: PRODUCT INFORMATION

Brand of Cell Phone Being Replaced/Repaired: \_\_\_\_\_ Purchase Date of Replacement Phone/Repair Date: \_\_\_\_\_

Model: \_\_\_\_\_ Impacted Cellular Telephone #: \_\_\_\_\_

Serial Number: \_\_\_\_\_

## 3 SECTION 3: INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_

Specify where Incident occurred: \_\_\_\_\_

Fully describe Incident and condition of phone (if damaged): \_\_\_\_\_

Please check this box to verify all required documents are included.

Type of Incident:  
 Theft\*\*\*  Damage\*\*  
*(lost phones not eligible)*

Will phone make/receive calls and/or create/send text messages?  
 No  Yes

## 4 SECTION 4: PRIMARY COVERAGE(S)

Check however many apply and provide information:

Cellular Telephone Insurance     None     Other

Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Deductible\* \_\_\_\_\_

## 5 SECTION 5: PLEASE RETURN THE FOLLOWING DOCUMENTATION WITH THE CLAIM FORM

### ***\*Required items plus what is needed for damaged\*\* and stolen\*\*\* phone***

***This Claim Form and other documents must be returned within 90 days following the incident date. Failure to return all required documents will result in a delay in processing your claim.***

- a.)  ***\*Checking Account statement from the sponsoring financial institution (bank) reflecting cellular wireless payments made in the calendar month before the date of damage or theft.***
- b.)  ***\*Your wireless service (cell phone) provider billing statement that corresponds with your checking account statement in Section 5(a). Your payment amount will be shown as 'payment received'.***
- c.)  ***\*Replacement Cellular Wireless Telephone purchase receipt from a cellular service provider's retail or Internet store. Receipt must indicate it is for a phone and show the subtotal before taxes (if applicable). Insurance deductible on receipt or statement also permitted.***
- d.)  ***\*\*If the claim is due to damage you must try to get it repaired first. If it is not able to be repaired please submit signed documentation from a certified repair facility that their recommendation is to replace the phone.***
- e.)  ***\*\*\*If the claim is due to theft or criminal action, a copy of the police report filed within 48 hours of the occurrence. Required on all theft claims.***
- f.)  ***Documentation (if available) of any other settlement of the claim.***
- g.)  ***A document from the Cellular Wireless Telephone provider or other sufficient proof, as determined by the benefit administrator, that the telephone you are claiming is currently linked to your Cellular Wireless Telephone account.***

### ***Please read the following prior to submitting your claim:***

- A. The Cellular Telephone Protection Benefit Administrator, reserves the right to repair or replace the stolen/damaged item or to substitute a cash payment to repair or replace (not to exceed the total purchase price of the item and benefit limit). If you receive a replacement or a cash payment the damaged item becomes the property of the Cellular Telephone Protection Benefit Administrator.
- B. This benefit covers cellular telephones in the event of theft, or damage when the preceding month's cellular telephone bill was charged to an eligible account and your loss must be reported within 60 days of the incident. You must return this claim form within 90 days of the incident. If additional information is requested, it must be returned within 6 months of the date of the incident.
- C. Cellular Telephone Protection is subject to a fifty-dollar (\$50) co-payment per claim and a maximum of two (2) claims per twelve (12) month period.
- D. **Exclusions under this benefit include but are not limited to the following:**
  - Cellular Wireless Telephone accessories other than standard battery and/or standard antenna provided by the manufacturer.
  - Cellular Wireless Telephone purchased for resale, professional, or commercial use.
  - Cellular Wireless Telephones that are lost or "mysteriously disappear." "Mysterious disappearance" means the vanishing of an item in an unexplained manner where there is absence of evidence of a wrongful act by a person or persons.
  - Cellular Wireless Telephone under the care and control of a common carrier (including, but not limited to, U.S. Postal Service, airplanes, or delivery service).
  - Cellular Wireless Telephones stolen from baggage unless hand-carried and under Your personal supervision, or under the supervision of Your traveling companion who is previously known to You.

- Cellular Wireless Telephone stolen from a construction site.
  - Cellular Wireless Telephone which has been rented, leased, borrowed or Cellular Wireless Telephones that are received as part of a pre-paid plan.
  - Cosmetic damage to the Cellular Wireless Telephone or damage that does not impact the Cellular Wireless Telephone's ability to make or receive phone calls.
  - Damage or theft resulting from abuse, intentional acts, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects or vermin.
  - Damage or theft resulting from misdelivery or voluntary parting with the Cellular Wireless Telephone.
  - Replacement Cellular Wireless Telephone not purchased from a cellular service provider's retail or Internet store.
  - Taxes, delivery and transportation charges and any fees associated with the service provider.
- E. Coverage under Cellular Telephone Protection is in excess of any other reimbursement you have available. You must file with your primary insurance carrier, or verify lack of coverage, BEFORE any settlement can be issued. If you have no insurance policies, you will be advised if additional information is needed.
- If your claim is less than your deductible, please send a copy of your Declarations Page to confirm your deductible amount.
  - If your claim is greater than your deductible, please send a copy of the claim and settlement verification from your primary insurance carrier
  - If your claim is not covered by your primary insurance carrier, please send a letter of denial from them.

I agree that any compensation I receive from the Benefit Administrator for the Cellular Telephone Protection, for the property loss occurring with relation to the claim I have filed is subject to the following conditions:

- My rights of recovery or remedies from any party for my property loss or damage are transferred to the Benefit Administrator to the extent of the cost of the Benefit Administrator's payment to you. The Benefit Administrator shall then be entitled to enforce my rights in an attempt to obtain the recovery on that property. The Cellular Telephone Protection Benefit is entitled to receive any benefits obtained from such recovery attempt up to the amount for which I have been compensated for any loss plus any reasonable amount expended in obtaining such recovery; and
- If I recover any compensation for or regain possession of the property for which a claim was submitted to the Cellular Telephone Protection Benefit within two (2) years of the date on which I received compensation, I shall immediately inform The Cellular Telephone Protection Benefit of such recovery and shall reimburse the Cellular Telephone Protection Benefit up to the amount which I received from the Benefit Administrator in compensation for such property.

I understand that my failure to comply with these conditions and/or my failure to notify the Cellular Telephone Protection Benefit of my recovery for possession of my property is an action constituting fraud and breach of contract and subjects me to legal action. I waive the right to interpose any defense in any litigation arising out of the claim I have filed in my recovery of insurer. The claim information stated above is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation of fact on this claim form automatically voids my claim. I UNDERSTAND THAT THE CLAIM FORM MUST BE COMPLETED AND THAT ALL REQUIRED INSURANCE CLAIMS, POLICE REPORTS, ETC., MUST BE FILED AND SUBMITTED BEFORE ANY CLAIM UNDER THE PLAN CAN BE PROCESSED AND PAID. I authorize the bank to release BaZing, acting as Benefit Administrator for the Cellular Telephone Protection Benefit, all information regarding my account for the process of this claim. I further authorize BaZing to obtain copies of any police, fire, or other investigative reports and information needed to process my claim. In addition, I hereby agree to cooperate with any designated representative of the Cellular Telephone Protection benefit in the investigation of my claim and provide statements when requested to do so.

**Accountholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_