



**New Hampshire Insurance Company**  
 175 Water Street, New York, NY 10038  
 (212) 770-7000

**CERTIFICATE DECLARATIONS**

This Certificate is attached to and made a part of Master Policy 11-0509-57. The Named Insured shown below has coverage under this Master Policy.

**ITEM 1. NAMED INSURED**

Subscribers on file with the Communications Equipment Service Provider shown in Item 4, who have active service with such Communications Equipment Service Provider. Named Insured mailing address: on file with Communications Equipment Service Provider

**ITEM 2. WHEN COVERAGE UNDER CERTIFICATE IS EFFECTIVE**

Coverage under this Certificate is effective as shown in the Coverage Effective Date Endorsement attached to the insurance policy.

**ITEM 3. PREMIUM**

Premium for Coverage Provided under this Certificate:  
 \$4.99, \$6.99 or \$10.99

**ITEM 4. COMMUNICATIONS EQUIPMENT SERVICE PROVIDER**

Name: Cellular Sales  
 Address: 6513 Kingston Pike, Suite 106  
 Knoxville, TN 37919

**ITEM 5. AUTHORIZED REPRESENTATIVE:**

Name: eSecuritel Agency, LLC  
 Address: PO Box 03  
 Alpharetta, Georgia 30009

**ITEM 6. LIMITS OF INSURANCE**

Occurrence Limit of Insurance: \$1,000 per Occurrence for each Named Insured.

Aggregate Limit of Insurance: \$2,000 per Named Insured or two (2) still occurrences within a 12 month period, whichever comes first.

**ITEM 7. DEDUCTIBLE**

The deductible will be the amount corresponding to the retail price\* of the Named Insured's wireless device when initially purchased.

Non-discounted, Non-subsidized Retail Price*	Deductible
\$0 – \$199.99	\$50.00
\$200 – \$549.99	\$99.00
\$550 - \$699.99	\$169.00
\$700 - \$1,000.00	\$199.00

**ITEM 8. ACCESSORIES**

- A. Accessories Included
  1. Battery
  2. Standard Wall Charger
- B. Maximum retail value of Accessories: \$500.00

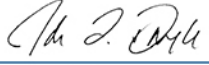
**ITEM 9. REPLACEMENT DEVICE**

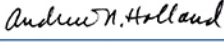
Maximum full retail value of replacement to be charged: \$1,000.00

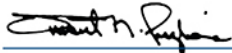
**ITEM 10. CERTIFICATE CONSISTS OF THE FOLLOWING FORMS:**

1. Certificate Declarations Form 101136 (0911)
2. Certificate Conditions Form 101131 (0911)
3. Communications Equipment Coverage Form 101123 (0911)
4. Coverage Effective Form 101127 (0309)
5. Amendatory Endorsements

Specimen copies of the forms referenced above are attached to this Certificate, or if not attached, are available at the following website, [www.eSecuritel.com/cellularsales](http://www.eSecuritel.com/cellularsales) or may be obtained by calling this toll free number, (855) 309-8345. By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy. This coverage is being provided by New Hampshire Insurance Company.

  
 John Q. Doyle  
 President

  
 Andrew Holland  
 Secretary

  
 Authorized Representative

**OTHER MATERIAL DISCLOSURES**

- This brochure contains a summary of information regarding the program. In addition, this program may change or be modified during your term. We will not cover loss or damage caused directly or indirectly by any of the exclusions listed in the complete Coverage Certificate. PLEASE READ THE COMPLETE INSURANCE POLICY CAREFULLY TO DETERMINE YOUR RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED. To obtain the most up-to-date coverage information and a complete Insurance Policy, visit [www.eSecuritel.com/cellularsales](http://www.eSecuritel.com/cellularsales) or call (855) 309-8345.
- You are not required to purchase insurance to activate wireless service. The employees of this location are NOT QUALIFIED or AUTHORIZED to discuss or evaluate insurance coverage. Any questions regarding Tech Protect should be directed to eSecuritel at (855) 309-8345.
- Replacement may be new or reconditioned equipment. While reconditioned equipment looks and functions just like new, it may have minor cosmetic flaws and contain non-original manufacturer parts and accessories.
- This coverage may provide a duplicate of other sources of coverage. Contact your insurance agent to determine if you have coverage for your wireless device under existing insurance policies you may own for your wireless device. Your renters or homeowners policy may provide the insurance you need. Ask about any policy exclusions. Review your deductible and coverage amounts to be sure they still fit your needs.
- You may cancel at any time by calling (855) 309-8345 or writing eSecuritel Cancellation Dept., P.O. Box 03, Alpharetta, GA 30009. Any unearned PREMIUM will be refunded in accordance with applicable law
- The Program is a replacement service provided to customers of Cellular Sales, Inc. This coverage is being provided by the New Hampshire Insurance Company, through eSecuritel Agency, LLC and is administered by eSecuritel Holdings,

**TECH PROTECT**



**CELLULARSALES**

\*\*Source: eSecuritel, LLC average rate of incident

# 1 IN 4 CELL PHONES

# IS LOST, STOLEN, OR ACCIDENTALLY DAMAGED EACH YEAR.

## TECH PROTECT - WIRELESS PROTECTION PROGRAM

Save time, save money and avoid aggravation should your phone be lost, stolen, accidentally damaged, or malfunctioning. After your claim is approved, simply pay your deductible and receive a new or reconditioned device.

Handset	Price*	Mo. Premium	Deductible	Savings**
Model A	\$199	\$4.99	\$50	\$89.12
Model B	\$399	\$6.99	\$99	\$216.12
Model C	\$699	\$10.99	\$169	\$398.12
Model D	\$799	\$10.99	\$199	\$468.12

\*Based on the non-contract, non-subsidized new retail price of the handset.

\*\*Savings based on placing only one approved claim (allotted two) in a 12-month period.

### HOW DO I ENROLL AND WHEN AM I COVERED?

#### Point of Sale Purchase:

To be eligible for immediate coverage, simply enroll in the program when you purchase your new device from Cellular Sales (Point of Sale).

#### Delayed Purchase:

You have up to 30 days from the time of activation to enroll in the program. If not purchased at the Point of Sale, please note that there will be a 30 day waiting period from the date of enrollment. Any accident, loss or theft that occurs within the first 30 days of enrollment will not be eligible for a replacement device. Your device must be fully operational and have no damage at the time of program activation in order to enroll.

### WHAT HAPPENS IF MY PAYMENT PROFILE IS NOT UP-TO-DATE?

You may be contacted by phone or email alerting you to submit an alternate payment method. If payment isn't received within 10 days of the due date, your insurance may be cancelled.

### WHAT HAPPENS IF I CHANGE MY HANDSET?

Unless the handset was provided as the result of a claim or an upgrade through Cellular Sales, you must update your subscriber profile within 10 days. You will be required to complete a questionnaire and provide a proof-of-purchase. You will not be eligible to file a claim on a device not

on record with eSecuritel. Changes to handset models and coverage are subject to approval by eSecuritel. Visit [www.esecuritel.com/cellularsales](http://www.esecuritel.com/cellularsales) for more information on how to change the handset covered.

STANDARD PHONE RETAIL VALUE				
Non-Subsidized / Non-Discounted Retail Price	Basic Phones \$0-\$199.99	Basic and Smart Phones \$200.00-\$549.99	Smart Phones \$550.00-\$699.99	Premium Phones and Tablets \$700.00-\$1,000.00
Premium	\$4.99	\$6.99	\$10.99	\$10.99
Deductible	\$50	\$99	\$169	\$199
Your premium and deductible are based on the new retail price* of your handset model when you originally purchased your phone. The deductible must be paid before you receive your replacement phone and is non-refundable.				
What's Covered?	The program covers the handset (device, standard battery & wall charger) you purchased from Cellular Sales, Inc. for accidental damage, loss, theft, and malfunction (after the manufacturer's warranty expires).			
What's Not Covered?	Normal wear, pre-existing damage or malfunction, and cosmetic damage to equipment are not covered. Other exclusions apply.			
What type of Replacement Equipment will I receive?	Replacements are often new but on occasion may be reconditioned. If the exact make and model is not available, your replacement will be of like kind and quality.			
How will I be billed?	Your premium will be charged to your credit card monthly by eSecuritel.			
What are the Claim Limits?	\$1,000.00 per claim; 2 claims within a 12 month period			
How do I cancel?	You may cancel at any time by calling (855) 309-8345. Any unearned premium will be refunded in accordance with applicable law.			

## HOW TO FILE A CLAIM

### STEP 1: VISIT YOUR STORE OR CALL ESECURITEL

Return to the Cellular Sales Store or Call eSecuritel Customer Care Center at (855) 309-8345. Claims must be reported within 60 days of the incident or first failure. Proof loss and/or ownership must be provided. You have 60 days to provide all information requested for claim adjudication. Only the account holder may file the claim.

### PLEASE HAVE THE FOLLOWING INFORMATION READY:

- Your wireless phone number
- The account holder's billing address
- Wireless phone manufacturer/model and unique serial number also called an ESN or MEID
- Date, time, location and detailed description of the incident
- Police report number (if theft occurred)

### STEP 2: PAY DEDUCTIBLE & RECEIVE REPLACEMENT

If your claim is approved, return to your local Cellular Sales Store to pay your deductible and pick up your replacement within 60 days. If you don't take delivery of the replacement device within 60 days of claim approval, your claim will be forfeited. Your replacement model is based on inventory and can be a like or comparable model. Returning your damaged or malfunctioning handset is required regardless of condition. Please keep the receipt, original box, manual and all packaging materials for warranty purposes.

**TECHPROTECT** 

**FILE A CLAIM WORKSHEET CARD**

Use this area below to jot down important information about your handset. Then, if you need to make a claim you'll have the required information to make the process even faster! Cut out the card, fold, and keep in your wallet.

**Customer Care (855) 309-8345**

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Your wireless phone number \_\_\_\_\_

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Retail price\* of handset at date of purchase \_\_\_\_\_

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The account holder's billing address \_\_\_\_\_

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Wireless phone manufacturer and model \_\_\_\_\_

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The ESN, MEID, or IMEI of the insured equipment \_\_\_\_\_

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Date, time, location and detailed description of the incident \_\_\_\_\_

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Police report number (if theft occurred) \_\_\_\_\_

Cut - Fold - Put in Your Wallet