

K-12 Schools with users of device that are minors MUST have the affidavit signed by Parent, Guardian or IT Administrator or Staff After verification of the Loss.

Please complete the affidavit and submit when filing your claim Online.

| | | ("Affiant"), am a resident of (address) | | |
|--|--------------------|---|---|--|
| | , County of | | , State of | |
| age or older and competent to give to therwise stated, and that the follow | the following decl | aration based on m | | |
| Circle One: Phone /Tablet/ Laptop/ | Óther (| Circle One: Lost / S | itolen | |
| Date of Loss: Time of | f Loss: | Authorized Us | ser Name: | |
| tem Owner Name: | I | Location/Address o | of Loss: | |
| o approval of claim): | | | ay request in certain cases prior | |
| | ounty | | | |
| The police report was filed in city/c | | state of | Officer | |
| o approval of claim): | | state of | Officer | |
| The police report was filed in city/containe: | Officer Phone | state of | Officer | |
| The police report was filed in city/coname: | Officer Phone | state of # e & Phone # | Officer Officer Driver's License/ID Number (We may request a copy) | |

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