

New Hampshire Insurance Company

175 Waters Street
New York, NY 10038
(212) 770-7000

**CERTIFICATE
DECLARATIONS**

This Certificate is attached to and made a part of a Master Policy #10467541 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 these Declarations.

Item 3. Premium for Coverage Provided under this Certificate: **\$6.95, \$8.95 or \$10.95**

Item 4. Communications Equipment Service Provider

Name: **C Spire Wireless**
Address: **1018 Highland Colony Parkway
Ridgeland, MS 39157**

Item 5. Authorized Representative:

Name: **Brightstar Agency**
Address: **P.O. Box 03
Alpharetta, GA 30009**
Phone: **(888) 318-7688**

Item 5. Limits of Insurance

Aggregate Limit of Insurance **\$4500.00** per Named Insured or **three (03)** number of occurrences within **12-month** period of time, whichever comes first

Occurrence Limit of Insurance **\$1500** per Occurrence for each Named Insured

Item 6. Deductible

The deductible will be the amount corresponding to the retail price range of the Named Insured's wireless device

Retail Price Range	Deductible
\$0.00 - \$149.99	\$50.00
\$150.00-\$249.99	\$75.00
\$250.00 - \$349.99	\$100.00
\$350.00 - \$599.00	\$150.00
\$600.00- \$1000.00	\$199.00
\$1000.01-\$1500.00	\$249.00

Item 7. Accessories

- A. Accessories Included (N/A will show if coverage not applicable)
 - 1. **Battery**
 - 2. **Standard Wall Charger**

- B. Maximum retail value of Accessories
\$25.00

Item 8. Replacement Device

Maximum full retail value of replacement to be charged
\$1500.00

Item 9. This Certificate consists of the following forms:

- 1. Certificate Declarations Form #1011136 (09/11)
- 2. Certificate Conditions Form #1011131 (09/11)
- 3. Communications Equipment Coverage Form 101123 (09/11)
- 4. Coverage Effective Form 10467541 (02/18)
- 5. Amendatory Endorsements

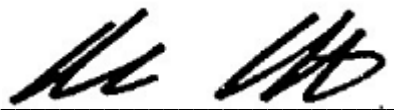
Specimen copies of the Forms referenced above are attached to this Certificate, or is not attached, are available at the following website: <https://cspire.brightstarprotect.com> or may be obtained by calling this toll-free number 888-318-7688.

By signing below, the President and Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.

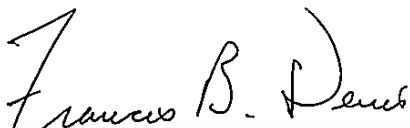
This coverage is being provided by New Hampshire Insurance Company.



President



Secretary



Authorized Representative

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 a.m. February 1, 2018 forms a part of Policy No. 10467541 issued to C Spire Wireless by New Hampshire Insurance Company.

COVERAGE EFFECTIVE DATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

CERTIFICATE DECLARATIONS

Item 2. When Coverage under Certificate is Effective of the Declarations is amended to include the following:

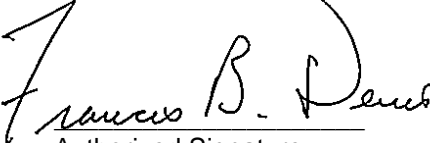
- A.** Coverage under the Certificate is effective on the Day Coverage Effective shown in Column B corresponding to the Time the Request Submitted for Enrollment in Column A.

B. Time Request Submitted for Enrollment	C. Day Coverage Effective
Coverage under the Certificate is effective immediately following the submission of request for enrollment of new Covered Property purchased from the Communications Equipment Service Provider	Coverage effective immediately following the submission of request for enrollment.
Request for enrollment of coverage for a used or refurbished Covered Property submitted at the time of activation of Covered Property with Communications Equipment Service Provide	Coverage effective at 12:01 AM on the last day of the Waiting Period for used or refurbished Covered Property shown in Paragraph B herein following submission of the request for enrollment unless notified that the request is not approved.

B. Waiting Period

Used or refurbished Covered Property **60 days**

All other terms and conditions of the policy remain the same.


 Authorized Signature