

**LOST/STOLEN PRODUCT AFFIDAVIT AND FORM**

**DisplayKEY Only**

Greater La Crosse Area MLS

La Crosse, WI

Last Name \_\_\_\_\_  
(Please Print)

Keyholder ID \_\_\_\_\_

First Name \_\_\_\_\_  
(Please Print)

Phone # ( ) \_\_\_\_\_

**LOST/STOLEN KEY SERIAL #:**

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**LOSS/THEFT INSURANCE:**

Yes  No

**LOSS AND THEFT INSURANCE RULES:**

- Loss and Theft Insurance, if chosen, paid for, and kept current, covers the loss or theft of the following, without additional cost:
  - DisplayKEY and/or,
  - DisplayKEY Cradle
- Agents without the optional Loss and Theft Insurance will pay the applicable replacement cost as listed in the Keyholder Lease.
- All claims are subject to investigation by Supra to verify that the claim is not fraudulent. Fraud is punishable by law.

I have read the Loss and Theft Insurance Rules listed above and understand that failure to acknowledge below does not relieve me of the obligation to abide by those rules or the terms of the Keyholder Lease.

\_\_\_\_\_  
Keyholder Acknowledgement

**PRODUCT REPLACEMENT:**     DisplayKEY     DisplayKEY Cradle

NEW KEY SERIAL #:

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**Note:** If Lost/Stolen Key or Cradle listed above is returned within 30 days of the issuance of this new key, a refund of the total replacement cost will be issued to keyholder. If Lost/Stolen Key or Cradle listed above is returned more than 30 days after the issuance of this new key, a refund, less a \$30.00 Administration and Restocking Fee, will be issued to the keyholder.

\_\_\_\_\_  
Authorized Association/Board/MLS Signature

\_\_\_\_\_  
Date

**For Supra Use Only:**

Verification of product replacement eligibility: Yes  No  Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Send original to: Supra Billing Department  
4001 Fairview Industrial Dr. SE  
Salem, OR 97302  
503-375-6420 (fax)