

COMPUTER INSURANCE FORM

Please return to the school district office.

Parent Name (please print)	
Student Name (please print)	
Student Grade:	
Parent Phone Number	
Parent Email Address	

*Please place your **signature** on the option you choose and attach insurance payment if applicable.*

<p>Option 1 – Purchasing School Insurance on Chromebook</p> <ul style="list-style-type: none"> ● \$25 - Full school year of coverage <ul style="list-style-type: none"> ○ 1st Claim - FREE ○ 2nd Claim and each subsequent claim - \$25 deductible ● What's covered: <ul style="list-style-type: none"> ○ Accidental breakage ○ Faulty Components - Screen, keyboard, etc. ● What's not covered: <ul style="list-style-type: none"> ○ Theft, lost, or misplacement of chromebook ○ Damages caused by misuse and/or abuse of the chromebook ○ Damage or loss of chromebook power adapter 	<p>Option 2 – Not taking Insurance</p> <ul style="list-style-type: none"> ● Parents/Students are responsible for full repair and replacement costs ● Costs associated with chromebook repair and replacement <ul style="list-style-type: none"> ○ \$25 - Broken Screen ○ \$20 - Keyboard Replacement ○ \$200 - New Chromebook ● Power Adapter: The power adapter is a separate component to the chromebook. If damaged or lost, the fee is \$10 to replace.
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_____ **I choose Option 1 - to purchase school insurance coverage.** I have enclosed the \$25 payment for insurance coverage.

PLEASE NOTE:

If payment is not submitted with this form, then insurance will not be purchased for the device until payment is received. The device will not be insured until payment is received.

_____ **I choose Option 2 - not to accept insurance coverage.** I understand that I am fully liable to pay for ALL damages and/or losses to the chromebook computer. The computer will be not reissued until all damages and/or losses are paid to the school district.

Date Signed: _____

*******FOR OFFICE USE ONLY*******

_____ Check# or _____ Cash _____ Date Payment Received