



Device Insurance Policy

Capac Community Schools is providing an opportunity for families to insure the school-issued device that will be assigned to your child. This policy will protect the device against damages due to: vandalism with accompanied police report, fire, flood, natural disasters and power surge due to lightning strikes as well as accidental damages such as a cracked screen, liquid spills, etc. This insurance policy, when purchased, will provide replacement cost coverage and protect the device on and off school grounds. **The non-refundable cost of the insurance plan for the 2016-17 school year will be \$50 per chromebook. If there are no claims within each school year, the \$50 “Opt-In” fee will be rolled over to the following school year. Families that may have 3 or more students in the device program will be capped at \$150 total.** All incidents/damages/repairs will be reported to the school building office to maintain the policy coverage.

Insurance Program

Opt In	1st Deductible	2nd Deductible	3rd Deductible	Intentional/Excessive Damage	Lost/Stolen
\$50.00	\$50.00	\$50.00	\$100.00	\$228.00	\$228.00

Families that opt out of the insurance plan will be liable for the total cost of replacement as determined by the district, if the device is damaged, stolen, etc... your student is responsible for the device.

Not Enrolled in Insurance Program

Labor		Hardware Cost
Minimum \$75 for time required to track, repair, etc.	PLUS	Actual cost of hardware

Multiple insurance claims may result in future device restrictions. The insurance fee does not cover the power charger or case. Replacement fees will be assessed if damage, vandalism, loss, or failure to return charger or case at the end of the school year occurs.

Please place an X in front of the option being selected and complete the information below.

_____ I am purchasing insurance for my child's school-issued device for the 2016-17 school year.

_____ I am opting out of insurance for the 2016-17 school year for my child's school-issued device and understand I will be liable for total replacement cost.

_____ I have purchased insurance in a previous year and have not used it.

Name of student: _____

School: _____ Grade Level: _____

Parent Name: _____

Mailing Address: _____

City/State, Zip: _____

Home/cell phone: _____

Parent Email: _____

Parent Signature: _____

Please make check payable to **Capac Community Schools** and include your student's name in the check memo area.