

Tippecanoe Valley High School

1:1 Tablet Insurance Program

TVHS is pleased to offer the following insurance coverage for the 1:1 Tablet that will be issued to your student for the 2014-2015 school year. Please complete this form and return it, with payment, to Mrs. Tinkey in the HS office no later than August 22, 2014.

Insurance - Full Coverage		
<p>Insurance Coverage:</p> <p>*Accidental Damage - includes drops/cracked screens/liquid spills</p> <p>*Liquid Submersion</p> <p>*Theft</p> <p>**This policy does not cover intentional damage to the device.</p> <p>Full details of the policy can be found on the HS website(tvhs.tvsc.k12.in.us). Look under Info\Document Library\1:1 Project Documents.</p>		
Coverage Amount: \$650.00	Student Name : _____	Equipment: Acer Iconia W510P-1406
<u>PolicyTerm</u>	<u>Deductible</u>	<u>Rate</u>
1 Year	\$100.00	\$41.00
	\$50.00	\$46.00
	\$25.00	\$48.00
	\$0.00	\$51.00
2 Year	\$100.00	\$80.00
	\$50.00	\$89.00
	\$25.00	\$94.00
	\$0.00	\$99.00
3 Year	\$100.00	\$117.00
	\$50.00	\$131.00
	\$25.00	\$139.00
	\$0.00	\$146.00
4 Year	\$100.00	\$154.00
	\$50.00	\$172.00
	\$25.00	\$184.00
	\$0.00	\$192.00
Please make one selection below by initialing in the appropriate blank and signing below:		
_____ I am selecting a 1 2 3 4 (circle one) Year Policy with a \$0.00 \$25.00 \$50.00 \$100.00 (circle one) deductible.		
_____ At this time I choose to decline coverage and understand that I will be responsible for all costs of repairs for any damages to the device.		
_____ Parent/Guardian Signature	_____ Date	
Office Use Only		
Asset ID _____ Payment _____ Check _____ Cash _____ Credit _____ Registration Fee		