

MSD of Boone Township 1:1 Initiative Insurance Form

1:1 devices will not be issued until this form is on file with the school.

Student Name: _____ **Grade:** _____
Parent/ Guardian Name: _____

The student and/or the student's parent/guardian shall be responsible for compensating the school district for any losses, costs, or damages to the Chromebook. The student and/ or parent/guardian is liable for replacement costs resulting from intentional damage and/ or neglect as outlined in this document. A reminder that one drop of the device can cause considerable damage both internally and externally. For now, the replacement price is \$208.00 for the Chromebook and \$294.00 for the iPad: the maximum cost for which a parent/guardian is responsible.

If you do not elect insurance coverage, keep in mind the following costs are only an estimate. Prices may go up at any time due to COVID-19, as parts become scarce.

Top lid- \$25, Screen- \$53, LCD frame- \$35, Keyboard- \$80, Mouse- \$30, Battery- \$45
Base- \$40, Motherboard- \$115, Hinge set- \$30, Charger- \$41.99

The parent/ guardian of the student may choose to purchase insurance for the device at any time during the school year. This insurance policy covers accidental damage of the device and charger. The insurance is through Worth Ave. Group, and the cost ranges from \$10.00 to \$14.00 depending on the device that is issued to your student. This coverage is for the school year, with no deductible per claim. All claims will be filed through each school with the exception of virtual students. More information will be provided at a later date. Open enrollment is August 11th through September 13, 2020. If you are in need of financial assistance in paying for coverage, please contact your respective school office at: 219-996-4771, x118 (HS); x101 (MS); x103 (ES). If you prefer to pay by check, please make it payable to your respective school.

To purchase insurance, once your student receives their device, go to:

<https://gpo.worthavegroup.com/gpo/msd-boone>

Please remember, if you opt to not purchase the insurance, you will be responsible for the full replacement cost of the device or individual parts replacement cost as listed above.

Parent/ Guardian
Signature: _____ Date: _____