

Chromebook Insurance Claim Form: Damage

Complete this form to repor	t <u>damage</u> . Return the form with dedu	ctible payment to your school office.
First Incident:Second Incident:Third Incident:	\$70 \$140 Up to \$289 (\$252/Device + \$37/C	ase)
Note: The charger re	eplacement cost varies. Current cost =	\$40.
For specific coverage and ex	clusions, please see the Insurance Pla	n at http://caschools.us/one-to-one.
Student Name:		
Incident Date:		
Incident Description (What	Happened?):	
By signing, I agree that the a	above statements are true and correct	to the best of my knowledge.
Student Signature:		·
Parent Signature:		
Date:		
Office Use Only		
Check Number:	Location: ES / IN / SW	Device Number:
Date Received:	School: EL / MS / HS	Amount Paid:



Chromebook Insurance Claim Form: Theft

Complete this form to report a theft.	Return the form with deductible	payment to your school office.
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First Incident: \$70Second Incident: \$140

• Third Incident: Up to \$289 (\$252/Device + \$37/Case)

Note: The charger replacement cost varies. Current cost = \$40.

For specific coverage and exclusions, please see the Insurance Plan at http://caschools.us/one-to-one.

Please note that a police report must accompany this form. The Chromebook is considered lost unless this form is accompanied by a police report.

Student Name:				
Incident Date:				
Incident Description (Wh):		
By signing, I agree that th	ne above state	ments are true and correct to	the best of my knowledge.	
Student Signature:				
Parent Signature:				
Date:				
Office Use Only				
Check Number:		Location: ES / IN / SW	Device Number:	
Date Received:		School: EL / MS / HS	Amount Paid:	