



Chromebook Insurance Claim Form: Damage

Complete this form to report damage. Return the form with deductible payment to your school office.

Two incidents total are covered per any one school year. Upon the third incident during any one school year, the student is liable for the costs up to the full replacement cost of the device, charger, and case.

- First Incident: \$70
- Second 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>.

Student Name: _____

Incident Date: _____

Incident Description (What Happened?):

By signing, I agree that the 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.

Two incidents total are covered per any one school year. Upon the third incident during any one school year, the student is liable for the costs up to the full replacement cost of the device, charger, and case.

- First Incident: \$70
- Second 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 (What Happened?):

By signing, I agree that the 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: _____