**BREWSTER SCHOOL DISTRICT DEVICE PROTECTION FORM AND INSURANCE AGREEMENT**

Each student in the Brewster School District will be issued a device. The Brewster School District recognizes that with the implementation of the device, there is a need to protect the investment by both the District and the Student/Parent. The following outlines the various options for insurance in case of theft, loss, or fire damage.

Please complete this form and return it to the school.

**INSURANCE FOR THEFT, LOSS OR DAMAGE**: Following are the options that are available for these types of losses, and the Student/Parent must commit to one by checking the appropriate box.

| No Insurance |  I (Parent/Guardian) agree to pay for the replacement of the device at a cost not to exceed $400.00 should the device be stolen, lost or damaged. |
| --- | --- |
| School District Protection |  I (Parent/Guardian) choose to pay the school district an annual protection payment for coverage of theft, loss or damage by in the amount of $20.00 and $5.00 for each additional device issued to members of the same family. The payment is nonrefundable. This protection coverage has additional deductibles based on the assessed damage. This annual coverage begins upon receipt of the payment and ends at the conclusion of each school year. |

**ADDITIONAL INFORMATION**: In cases of theft, vandalism and other criminal acts, a police report, or in the case of fire, a fire report **MUST be filed by the student or parent** for the protection coverage to take place. A copy of the police/fire report must be provided to the principal’s office. All deductibles are the responsibility of the student/parent and must be paid before the device can be repaired or replaced.

**BLATANT ABUSE/PURPOSEFUL DAMAGE**: Students/Parents are responsible for full payment of intentional damages to devices. Device Insurance Protection **DOES NOT** cover intentional damage of the device.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_