



Building a Culture of Excellence

Logan City School District

One-to-One Device Accident Claim Form

Please fill out this claim form and submit it immediately to your school administrative office. Please refer to the declaration page for coverage information. Coverage is not afforded where any person has knowingly concealed or misrepresented any material fact or circumstance concerning this protection plan.

Employee or Student Name: _____ School: _____

Address: _____

Main Phone: _____

Date of Incident: ____ / ____ / ____ . Time Discovered _____ (AM/PM)

Discovered by: _____

Location of Incident: _____

If claiming vandalism, fire, or theft, did you notify police? _____

a. Investigating Officer: _____

b. Case Number: _____

Describe damages: _____

Describe, in detail, the circumstances of your incident:

The above statement is true and correct to the best of my knowledge.

Name: _____

Printed

Signature

Date

Internal Use Only:

Claim Type: Damage or Lost/Stolen

Number of prior claims: _____

Deductible Owed: \$ _____

Annual Deductible Per Claim

Damage Claim	Damage/Repair Deductible	Lost/Stolen Deductible
Screen	\$100	\$350
Case or Ports	\$200	
Hard Drive	\$350	