

Building a Culture of Excellence Logan City School District

Electronic Device Accident Protection Plan

Logan City School District (LCSD) is providing and administering an accident protection as part of our current digital learning initiative. Enrollment in this plan is required for anyone planning to take a school district electronic device home who has not otherwise provided evidence of coverage that is acceptable to the district and equal to or greater than what is indicated in this agreement. Anyone without coverage is expected to use electronic devices on campus only, following the conditions and direction given in the LCSD Responsible Use Agreement. This plan covers "accidental damage" to the electronic device and is designed to limit individual financial responsibility for any damage as described in the coverage section below. Each school year the non-refundable annual premium begins coverage for all electronic devices provided by the school district for use by individual staff members or students; however, damage/repair deductibles will be applied for each electronic device separately. In addition each electronic device is covered under a manufacturer warranty that covers the normal operation of the electronic device to ensure that it is functioning properly.

 Program Rate / Coverage \$50 Non-refundable Annual Premium Limit of Liability: \$500.00 Annually for each separate electronic device. 	 Effective Coverage / Expiration Date Effective Date: Based on the receipt of signed agreement. Expiration Date: Last Day of Employment/ Enrollment for the current school year or one year from the date of the last signed agreement with LCSD. 	
Coverage (Subject to Deductible Plan Below) • Accidental Damage: Pays for accidental damage caused by liquid spills, drops, or any other unintentional event. • Theft: Pays for loss or damage of the electronic device due to theft. The claim requires a police report to be filed. • Fire: Pays for loss or damage of the electronic device due to fire. The claim must be accompanied by an official fire report from the investigating authority. • Electrical Surge: Pays for damage to the electronic device due to an electrical surge. • Natural Disasters: Pays for the loss or damage of the electronic device caused by natural disasters.	agreement with LCSD. Exclusions • Dishonest, Fraudulent, Intentional, Negligent or Criminal Acts: Will not pay if damage or loss occurs in conjunction with dishonest fraudulent, intentional, negligent or criminal act. Individuals will be responsible for the full amount of the repair/replacement. • Consumables: Including but not limited to the case (\$20), the charger (\$60), and software. • Cosmetic Damage that does not affect the functionality of the device. This includes but is not limited to scratches, dents, and broken plastic ports/parts or port covers. • Voiding the manufacturer's warranty by tampering with the device or system software. • LCSD is not liable for any loss, damage (including incidental, consequential, or punitive damages) for expense caused directly or indirectly by the equipment.	
Annual School Year Deductib	le Per Claim*	

Damage Claim	Damage/Repair Deductible	Lost/Stolen Deductible	**For loss of more	
Screen	\$100		than one electronic device, take home	
Ports and Case	\$200	\$350 device, take hor privileges will be		
Hard Drive	\$350		revoked.	
* Deductibles are applied separately for each electronic device. The \$500 limit of liability is per device.				

* Deductibles are applied separately for each electronic device. The \$500 limit of liability is per device. ** This accidental protection plan agreement becomes null and void on the last day of employment/enrollment with Logan City School District. There are no refunds once this agreement becomes active upon receipt of payment. All electronic devices owned by LCSD must be returned on the last day of employment/attendance.

PLEASE COMPLETE THE INFORMATION ON THE NEXT PAGE AND TURN IN THIS FORM AND PAYMENT TO YOUR SCHOOL OFFICE.



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Logan City School District

Electronic Device Accident Protection Plan

Name			
School			
Parent/Guardian Name			
Mailing Address			
City, State, Zip			
Home Phone:	Cell Phone:		
 I WILL participate in the Logan City School District's Electronic Device Accident Protection Plan. I agree to the provisions outlined in the policy terms and understand that: Enrollment in this program is required to take school district electronic device off school premises. The policy only covers the school issued electronic device and does not cover the charger or case. This policy does not cover cosmetic damage that does not impair the use of the electronic device; including, but not limited to: scratches, dents, and broken plastic parts or connection ports. Deductibles are in place based on occurrences in the current school year. Claims from a prior school year are not used in calculating the deductible. Damage as a result of a violation of the Electronic Device User Agreement is not covered; including, but is not limited to: dishonest, fraudulent, intentional, negligent, or criminal acts. Damage to the device is still the responsibility of the individual employee or student. Liability is limited to the replacement/repair of the device; no additional liability is implied or assumed. Opening the casing of the device to expose its internal components or hacking the operating system voids warranties and is not covered by this policy. Physically tampering with or hacking the operating system in an attempt to modify a device removes manufacturer protections. Devices covered by this protection plan must be in an approved case and storage bag. Damage that occurs in transit to or from the school site or school activities when the device is not housed in an approved case and bag is not covered under this policy. The enrollment cost is non-refundable. 			
I choose NOT to participate in the Logan City School District Electronic Device Accident Protection Plan. I understand that an electronic device will still be issued for use at school, but that it may not leave school property. Intentional damage to an electronic device requiring repair is still the responsibility of the employee or student/family.			
Employee/ Student Name: Pri	inted Signature	Date	
Parent or Guardian Name: (For students only) Pri	nted Signature	Date	
Payment Information: Payment of \$50.00 enclosed.FORM OF PAYMENT: (circle)CashCreditFor credit payment, please complete the Credit Authorization Form.Credit			
For Office Use Only			
Serial Number:	Tag #:		