

K-12 Student Chromebook & iPad Insurance Application School Year 2016-2017

Your School, Santa Ana Unified School District (Santa Ana, CA) is passing out Chromebook & iPad insurance forms provided by Worth Ave. Group to insure the Chromebook & iPads used by the school's students, teachers and staff. Insurance with Worth Ave. Group will protect the Chromebook & iPad against: Accidental damage (drops/spills), theft, vandalism, fire, flood, natural disasters and power surge due to lightning strikes. This

Name of Insured:*					
	-				
School Name:* (For student policy only)					
Grade Level:*	(For student policy only)				
Parent Name:*	(For student policy only)				
Mailing Address:*	(i or station pointy only)				
City, State/Zip:*					
Home Phone:*	Cell Phone:				
Email:*	(Policy Documents are emailed)				
* REQUIRED FIELDS-INCOM	MPLETE APPLICATIONS OR PAYIN	IENTS MAILED IN WITHOUT	COMPLETED APPL	ICATION WILL BE RETU	RNED UNPROCESS
	K-12 Student Chromebook & iPad Insurance Application				
	Option	Coverage Length	Coverage	Deductible	Premium
To receive this special rate use discount promo code:	HP Chromebook	1 Year	\$300	\$100	\$36.20
	HP Chromebool	1 Year	\$300	\$50	\$39.80
	HP Chromebool	1 Year	\$300	\$25	\$42.50
sausdca	HP Chromebool	1 Year	\$300	\$0	\$44.30
	16GB iPad mini	1 Year	\$269	\$100	\$33.50
To look up serial number:	16GB iPad mini	1 Year	\$269	\$50	\$38.00
	16GB iPad mini	1 Year	\$269	\$25	\$39.80
On Chromebook: please check for serial number on bottom of laptop or under the battery	16GB iPad mini	1 Year	\$269	\$0	\$41.60
	32GB iPad mini	1 Year	\$319	\$100	\$36.20
	32GB iPad mini	1 Year	\$319	\$50	\$40.70
	32GB iPad mini	1 Year	\$319	\$25	\$43.40
n iPad: o to "Settings" >	32GB iPad mini	1 Year	\$319	\$0	\$45.20
ieneral" > "About" >		•		•	•
roll to "Serial umber"	Unit Serial Numbe				
	*IJ there should ever be t	n change in your serial num Failure to do so co			20-3307 to upaate.
	Policy Effective Da	te: Policy begins 24 ho	urs after postmark	date on envelope for m	nail order.
		Policy begins at mi	dnight of the day o	f an online or phone or	der.
	My check is encl	osed (Make check payab	le to Worth Ave	. Group)	
	Please charge m	y credit card			
		Account Number:			
		Exp. Date (mm/yy):		CCV#:	
		W TO OBTAIN COVE			
0	_	MAIL		PHONE	
nttps://mv.wortha	avegroup.com/sausdca	Worth Ave	Group	1 (800) 6	20-3307

will not include processing fees. Final cost at checkout will match cost on application

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