



# Grass Lake Community School District

*Individual excellence inspired by tradition and innovation*

## Electronic Device Insurance Protection Plan Contract

899 S. S. Union St., Grass Lake, MI 49240

(517) 867-5540

[www.grasslakeschools.com](http://www.grasslakeschools.com)

Fax (517) 522-8195

**I WILL participate** in the Grass Lake Community 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. Insurance covers runs from distribution date to last day of school unless pre-approval is given for summer school classes. **\$25 annual Premium (Family Cap of \$75)**
- **A \$10.00 copay will be collected for the second claim and a \$20.00 copay will be collected for the third claim for device repairs; subsequent repair costs will be the responsibility of the individual in full limited to parts and not including labor.**
- The policy only covers the school issued electronic device and does not cover the charger, case or stickers.
- 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.
- 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. Damage that occurs in transit to or from the school site or school activities when the device is not housed in an approved case is not covered under this policy.
- Enrollment in this program does not cover: Dishonest, Fraudulent, Intentional, Negligent/Criminal Acts.
- The enrollment cost is non-refundable. If student leaves the district before January 15 this amount will be prorated.

**Employee/Student Name** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print) (Signature)

**Parent/Guardian Name:** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print) (Signature)

### Office Use Only

CASH AMT. \$ \_\_\_\_\_ CHECK AMT. \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

**PAID FOR OTHER SIBS: (Write Names)**