



Student Insurance Partners

Providing laptop/desktop computer insurance for K-12 students, faculty and staff.

K-12 Laptop Insurance Application Form

North East Independent School District (San Antonio, TX) is passing out insurance application forms provided by Student Insurance Partners as an insurance option to insure school laptops that are issued to students, teachers and staff. A policy with Student Insurance Partners will provide replacement cost coverage and protect the laptops worldwide against: Accidental damage (drops/spills), theft, vandalism, fire, flood, natural disasters and power surge due to lightning strikes.

PLEASE TYPE OR PRINT * Required Fields

Name of Insured:* _____

Grade Level:* _____

(For student policy only)

Parent/Guardian Name:* _____

(For student policy only)

Mailing Address:* _____

City, State/Zip:* _____

Home Phone:* _____ Cell Phone: _____

Email:* _____

Policy Documents will be emailed to this email address

K-12 Laptop Insurance Policy

Pricing is your total cost for laptop insurance

| Check Desired Coverage Box | \$25 Deductible | \$50 Deductible | \$100 Deductible |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|
| Coverage Amount | Annual Premium | Annual Premium | Annual Premium |
| \$1,250 | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$51 | <input type="checkbox"/> \$45 |
| \$1,500 | <input type="checkbox"/> \$58 | <input type="checkbox"/> \$54 | <input type="checkbox"/> \$48 |
| \$2,000 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$55 |

Coverage Period Is For 12 Months

Laptop Serial Number*:

Premium Amount: \$ _____

The insured can add additional items that are personally owned to this policy:

**Please Note: Serial Numbers are required on additional items*

- Cell Phone *S/N: _____ + \$10.00
(excludes iPhones)
- iPod Touch *S/N: _____ + \$10.00
- iPod/Calculator *S/N: _____ + \$5.00
- Game System *S/N: _____ + \$5.00
- Digital Camera *S/N: _____ + \$5.00

Total Amount Due: \$ _____

POLICY EFFECTIVE DATE: Policy begins 24 hours after postmark date on envelope for mail order.
Policy begins at midnight of the day of an online or phone order.

METHOD OF PAYMENT:

- My check is enclosed (Make check payable to *Student Insurance Partners*)
- Please charge my credit card

Account Number: _____

Exp. Date (mm/yy): _____ CCV#: _____

HOW TO OBTAIN COVERAGE:

Online:

Go to: <https://my.worthavegroup.com/apply/Create.aspx?pc=neisd>
Click On: Laptop/Tablet tab
Select "Yes" when asked if this is a K-12 Laptop/Tablet
To Receive Discount Use Promo Code: neisd

Mail:

Student Insurance Partners
P.O. Box 2077
Stillwater, OK 74076

Phone:

(800) 620-3307
8am-5pm Monday - Friday CST

To receive these special rates for online purchase use
PROMO CODE: neisd

Student Insurance Partners is affiliated with Worth Ave. Group

