



## GICSD Chromebook Device Insurance

Grand Island Central School District suggests that insurance be purchased. The insurance cost is \$15.00 annually for each Chromebook. Each claim covered by insurance will be assessed an incremental deductible within the current school year. The first claim deductible will be \$20.00 with the deductible increasing by \$20.00 each time a claim is made within the current school year. If a student withdraws from Grand Island Central Schools and then re-enrolls later in the current school year, the coverage purchased at the student's initial registration will be reinstated along with the number of claims made prior to withdrawal. The annual premium is non-refundable.

Insurance will cover the repair of any accidental damage to your child's Chromebook. For example, if a student accidentally drops their Chromebook and the screen is cracked a new screen will be installed with the parent paying the \$20 deductible (for a first time insurance claim). Insurance DOES NOT cover the replacement of a lost, stolen or intentionally damaged Chromebook.

Annual Premium Due at Registration	Deductible Claim #1	Deductible Claim #2	Deductible Claim #3
\$15 per device	\$20	\$40	\$60

### **Lost, Stolen or Intentionally Damaged Device and Accessories:**

A Chromebook or any of its accessories that are lost (whereabouts unknown) or intentionally damaged is the responsibility of the student and parent involved in the loss of property. The replacement costs are listed below.

- Replacement of the Chromebook - \$300
- Case - \$25
- AC Adapter & power cord - \$50

Parent, legal guardian or student over the age of 18 are responsible to pay any fees for an intentionally damaged, lost or stolen Chromebook. Fees will be applied to the student's Infinite Campus Portal.



**GICSD**  
**Chromebook Device Insurance Form**

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**Annual premium payments can be made by check or online through the Infinite Campus Parent Portal. Make checks payable to *Grand Island Central School District* and put *Chromebook Insurance* in the memo. Include this form with the check.**

**Mail to:**  
**Grand Island CSD**  
**Chromebook Insurance**  
**1100 Ransom Rd.**  
**Grand Island, NY 14072**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_