

Fleetwood Area School District

As a component of our student device program, the District is offering insurance to families. The insurance premium is \$25.00 per student with a \$25.00 deductible for damage and a \$125.00 deductible for loss or theft. The deductible is charged **for each incident and is in addition to the insurance premium**. Families who participate in the Free and Reduced Lunch Program will have the option to participate at a significantly reduced rate. Free lunch recipients participate for free while those who receive reduced lunch can participate for \$10.00. While the premium is significantly reduced, families in the Free and Reduced lunch program will be required to pay the deductible of \$25.00 for each damage claim and \$125.00 for each loss or theft claim.

Families experiencing financial difficulties are encouraged to contact their child's building office to discuss additional payment options with an administrator.

Insurance Coverage (and deductibles) includes but is not limited to:

- **Accidental Damage** – Pays for accidental damage caused by liquid spills, drops, falls and collision to the laptop occurring on school property or at another location such as home.
- **Loss**– Pays for loss of the device.
- **Fire** – Pays for loss or damage of the device due to fire. The claim requires an official copy of the local fire company report.
- **Electrical Surge** – Pays for damage to the device due to an electrical surge.
- **Natural Disasters** – Pays for loss caused by a natural disaster.

Exclusions:

- **Device Accessories** – Case and charger are not covered by insurance. *Replacement items need to be purchased through the district to ensure compatibility.*
- **Manufacturer Defect** – Warranty eligible incidents are covered by manufacturer's warranty and do not get charged to the insurance.
- **Intentional Damage/Negligence** – The technology insurance does not cover damage that is determined to be the result of negligent or malicious (*defined as deliberate, willful destruction*) use or treatment. If the damage is determined to be malicious or negligent, parents/guardians will be responsible to pay the repair/replacement costs. **Please note-full device replacement cost is \$300.**

Common repairs and associated costs are shown below. Costs can, from time to time, be lowered by using second-hand spare parts that are available. Such parts are always used when the needed items are available for use.

Repair	Using New Parts	Using Spare Parts	Financial Obligation with Insurance
Screen replacement*	\$70.00	\$25.00	\$25.00 insurance deductible
Keyboard*	\$40.00	\$25.00	\$25.00 insurance deductible
Palm rest*	\$50.00	\$25.00	\$25.00
Keyboard + Palm Rest*	\$65.00	\$25.00	\$25.00
Liquid Spills*	\$300.00	N/A	\$25.00
Charger replacement	\$20.00	\$10.00	N/A
iPad Repair**	\$250.00	N/A	\$25.00

*= insurance coverage does not apply to intentional or negligent damage

** = in-house iPad repairs are no cost, repairs requiring the device to be sent to Apple cost \$250 per incident

Payment of the insurance premium, if selected, is required at issuance of laptop. Insurance must be selected and the premium paid no later than September 26, 2025 or 30 days following enrollment (whichever occurs later). Parents/guardians/students must bring a check (cash is accepted but not recommended) for \$25.00 (payable to **Fleetwood Area School District**) to school. For families with more than one student in the same school, please use a separate check for each student to pay the insurance premium.

All Parents/guardians are encouraged to purchase the insurance to cover claims on the device. If a student does not have school district device insurance and the device is lost, stolen, or damaged the District reserves the right to hold the parents/guardians responsible for full replacement or repair cost which could be up to a full replacement charge of \$300.00.

The District reserves the right for final determination of insurance claims.

Child's Name: _____

Grade Level: _____

Parent Name: _____

Parent Signature: _____

I am electing to participate in the FASD Device Insurance program ☐

I am electing NOT to participate in the FASD Device Insurance program ☐

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