

**Donegal School District  
1 To 1 Device Accidental Damage Insurance**

The computing devices provided to students in the Donegal School District are costly pieces of equipment that require proper handling. Students need to follow all usage guidelines and use caution when handling the equipment. However, accidents happen and repairs can be costly. To this end, the Donegal School District is offering low cost Accidental Damage Insurance to its families. Insurance is recommended, but is not mandatory. **If you choose not to purchase insurance and the device is damaged, the parent/guardian is financially responsible for all repair or replacement costs.** The non-refundable insurance fee is valid for the current school year only. Insurance may be purchased at any time during the school year, but is only valid for the school year in which it is purchased.

The manufacturer’s warranty covers all manufacturing defects, hardware failures, or any other issues that occur through normal use.

This insurance policy covers damage that may occur from accidentally dropping the device, or any other accidental damage. **Damage that occurs from intentional acts will result in the complete repair and/or replacement cost to be paid by the student/guardian.**

The accidental insurance fee for each school year is **\$25**. Financial assistance is available for those families who would like to participate in the accidental insurance program, but are financially unable to do so. Please contact your child’s principal for details. **Please make checks or money orders payable to the Donegal School District. No cash will be accepted.**

The school district encourages the purchasing of insurance, as it provides peace of mind for the student and guardian.

**The Accidental Damage Insurance will completely cover the first instance of accidental damage. After the first incident, a fee will be charged to help offset repair costs.** The schedule of fees is outlined in the following table:

Deductible Fee Schedule		
Incident	Damage	Cost**
1st	Accidental	\$0
2nd	Accidental	\$25
3rd	Accidental	Full cost of repair or replacement of device
Any	Misuse, Neglect, Intentional Damage, or Loss of Device	Full cost of repair or replacement of device

**\*\*If a power cord or case is damaged or lost, the guardian/student is responsible for the full cost of the replacement. Replacement cost for either item is currently \$29.00 and is subject to change without notice.**

Any damage caused deliberately will be classified as vandalism. Students will be billed for repairs caused by vandalism, and will be subject to disciplinary action. If the device is misplaced, lost, or stolen, you must notify the school immediately and file a police report. The insurance policy does not cover loss or theft that occurs off of school property; you are responsible for replacement costs. **Parents and guardians may prefer to substitute homeowners or other personal insurance for the District-procured Accidental Damage Insurance. Contact your homeowner’s or renter’s insurance company for details.**

A copy of this document is available at: <http://www2.donegalsd.org/1to1/resources.html>

**PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM**

**STUDENTS MUST RETURN COMPLETED FORMS TO THEIR HOMEROOM TEACHER**

# Donegal School District 1 To 1 Device Accidental Damage Insurance Acceptance/Refusal Form

Please complete one form for EACH child who will receive a District assigned device (whether purchasing or declining insurance).

If purchasing insurance, please make your check or money order payable to “Donegal School District.” Cash will not be accepted.

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Please select an insurance option (Please complete one form per child):

\_\_\_\_\_ I **DO** wish to purchase insurance. I have read and understand this document and agree to the conditions described within.

Please complete the following information:

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Attending (Circle one):      DHS      DJH      DIS

\_\_\_\_\_ I **DO NOT** wish to purchase insurance at this time. I understand that by doing so, I am financially responsible for all repair costs should the computer become damaged. I have read and understand this document and agree to the conditions described within.

Please complete the following information:

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Attending (Circle one):      DHS      DJH      DIS      DPS

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*For Office Use Only:*

PAYMENT AMOUNT: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_