



# Student Insurance Partners

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

## K-12 APPLICATION

PLEASE TYPE OR PRINT

\* Required Fields

Name of Insured:\* \_\_\_\_\_

Parent/Gaurdian:\* (For student policies only) \_\_\_\_\_

School State:\* \_\_\_\_\_ School Name:\* \_\_\_\_\_

Grade Level:\* \_\_\_\_\_

(Applies to students only) Write "Faculty/Staff" if applicable

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

City:\* \_\_\_\_\_

State/ZIP:\* \_\_\_\_\_

Home Phone:\* \_\_\_\_\_

Cell Phone:\* \_\_\_\_\_

Email:\* \_\_\_\_\_

Policy Documents are emailed

Laptop Insurance Policy with Accidental Damage			
(Check Requested Premium Box)			
Student/Faculty	\$100 Deductible	\$50 Deductible	\$25 Deductible
Coverage Amount	Annual Premium	Annual Premium	Annual Premium
\$500	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	<input type="checkbox"/> \$54
\$700	<input type="checkbox"/> \$52	<input type="checkbox"/> \$57	<input type="checkbox"/> \$61
\$900	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65
\$1,100	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$70

Laptop Serial Number\*: \_\_\_\_\_

\*Please Note: Serial Numbers are required on laptops and additional items

Premium Amount:	\$ _____
Additional Items:	
<input type="checkbox"/> Cell Phones (excluding iPhones) *S/N: _____	+ \$10.00
<input type="checkbox"/> iPod Touch *S/N: _____	+ \$10.00
<input type="checkbox"/> iPod's/Calculators *S/N: _____	+ \$5.00
<input type="checkbox"/> Game Systems *S/N: _____	+ \$5.00
<input type="checkbox"/> Digital Cameras *S/N: _____	+ \$5.00
<input type="checkbox"/> Musical Instruments	+ \$5.00
<input type="checkbox"/> WorthTrak	+ \$5.00
Processing Fee:	+ \$5.00
Total Amount Due:	\$ _____

Student Insurance Partners is affiliated with Worth Ave. Group



\*\*If you have multiple items in each category add \$5 per item to the amount due.

POLICY EFFECTIVE DATE: \_\_\_\_\_

Policy is effective 24 hours after postmark unless a future date is specified

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#: \_\_\_\_\_

Check here if you would like this policy to automatically renew next year with the credit card on-file. Your credit card will be charged premium due until you choose to cancel the protection.

### HOW TO OBTAIN COVERAGE:

Online: www.worthavegroup.com

Mail: Worth Ave. Group\*PO Box 2077\*Stillwater, OK 74076

Phone: 800-620-2885 (8-5 M-F CST)