



PRINT APPLICATION

CHOOSE THE PLAN & DEDUCTIBLE YOU WANT

(Check the box below for the coverage & deductible you want)

OPTION 1 (RECOMMENDED)

WORLDWIDE COVERED LOSSES Accidental Damage, Theft, Fire, Flood, Natural Disasters, Vandalism and Lightning Strikes			
Coverage Amount <small>(Replacement Cost)</small>	Annual Premium for \$100 deductible	Annual Premium for \$50 Deductible	Annual Premium for \$25 Deductible
\$1,200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60
\$1,500	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65
\$2,000	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$70
\$2,500	<input type="checkbox"/> \$65	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75
\$3,000	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75	<input type="checkbox"/> \$80

OPTION 2

WORLDWIDE COVERED LOSSES Theft, Fire, Flood, Natural Disasters, Vandalism and Lightning Strikes (No Accidental Damage Coverage)			
Coverage Amount <small>(Replacement Cost)</small>	Annual Premium for \$100 Deductible	Annual Premium for \$50 Deductible	Annual Premium for \$25 Deductible
\$1,200	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40
\$1,500	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
\$2,000	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
\$2,500	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	<input type="checkbox"/> \$55
\$3,000	<input type="checkbox"/> \$50	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60

If you have a Student Insurance Partners policy, please renew your existing policy. Do not apply for a new policy.

Please Note*- Add an additional \$5 to your premium and your policy will cover these additional items: cell phone, iPod, MP3 player, digital camera, PDA (palm pilot), calculators, musical instruments

PLEASE PRINT OR TYPE (* = required information)

Student's Name*: _____

Classification*: K-8 9 10 11 12 FACULTY/STAFF.

School State*: _____

School Name*: _____

Parent/Guardian Name*: _____

Home Address*: _____

City*: _____

State *: _____ Zip*: _____

Parent/Guardian Email*: _____

(This is where your policy declaration, password, and booklet will be sent.)

Parent/Guardian Home Phone*: _____ Cell: _____

EQUIPMENT INFORMATION

Computer Purchase Date: _____

Manufacturer: _____ Model: _____

Serial Number: _____ Laptop Desktop

PAYMENT INFORMATION

Premium Amount: _____
(chose from the table above)

Processing Fee*: _____ + \$10.00

Add \$5 for Additional Items: _____

Immediate Alert Option: _____
(\$29.95 membership fee added)

Total Amount Due: _____

Policy Effective Date: _____

(If left blank, policy become effective 24 hours after the postmarked date)

METHOD OF PAYMENT:

Check or Money Order Enclosed

Charge to my: MasterCard Visa American Express Discover

Account Number: _____

Expiration Date: _____

CVV#: _____

Cardholder's Name: _____

Billing Address: _____
(if different than home address)

City: _____ State: _____ Zip: _____

- Automatic Renewal:** YES! Make sure my policy doesn't expire. Enroll me in the Automatic Renewal Program. My Student Protection Policy will be automatically renewed at the end of each policy year and my credit card will be charged premium due until I choose to cancel my protection.