



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

K-12 laptop Insurance Application Form

Wasatch County School District (Heber City, UT) is passing out this insurance application form provided by Student Insurance Partners as an insurance option to insure your school issued laptop. A policy with Student Insurance Partners will provide replacement cost coverage and protect the device worldwide (on and off school grounds) against: Accidental damage (drops/spills), theft, vandalism, fire, flood, natural disasters and power surge due to lightning strikes.

PLEASE TYPE OR PRINT * Required Fields

Name of Insured:* _____
 Grade Level:* _____
(For student policy only)
 Parent Name:* _____
(For student policy only)
 Mailing Address:* _____
 City, State/Zip:* _____
 Home Phone:* _____ Cell Phone: _____
 Email:* _____

Policy Documents are emailed

K-12 Laptop Insurance Policy			
Check Desired Option	Coverage	Deductible	Total Cost
<input type="checkbox"/> Option 1	\$300	\$100	\$35
<input type="checkbox"/> Option 2	\$300	\$50	\$40
<input type="checkbox"/> Option 3	\$300	\$25	\$44

Coverage Period Is For 12 Months

Student Insurance Partners is affiliated with Worth Ave. Group



Device Serial Number*:

Premium Amount: \$ _____

The insured can add additional items that are personally owned to this policy:
 *Please Note: Serial Numbers are required on additional items

<input type="checkbox"/> Cell Phone (excludes iPhones)	*S/N: _____	+ \$10.00
<input type="checkbox"/> iPod Touch	*S/N: _____	+ \$10.00
<input type="checkbox"/> iPod/Calculator	*S/N: _____	+ \$5.00
<input type="checkbox"/> Game System	*S/N: _____	+ \$5.00
<input type="checkbox"/> Digital Camera	*S/N: _____	+ \$5.00

Total Amount Due: \$ _____

POLICY EFFECTIVE DATE: Policy begins 24 hours after postmark date on envelope for mail order.
 Policy begins at midnight of the day of an online or phone order.

METHOD OF PAYMENT:

- My check is enclosed (Make check payable to Worth Ave. Group)
 Please charge my credit card

Account Number: _____

Exp. Date (mm/yy): _____

HOW TO OBTAIN COVERAGE:

Online:
 Go to: <https://my.worthavegroup.com/wasatch>
 Select Laptop/Tablet Policy
 Select "Yes" when asked if this is a K-12 policy
 Select a \$300 coverage amount
 Use Promo Code "wasatch" for discount

Mail:
 Student Insurance Partners
 P.O. Box 2077
 Stillwater, OK 74076

Phone:
 (800) 620-3307
 8am-5pm Monday - Friday CST