



Student Insurance Partners

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

K-12 Application

Student Insurance Partners has an agreement with **Brownsburg Community School Corp - Brownsburg, IN** to provide affordable **LAPTOP** insurance to its students, teachers and staff. A policy with Student Insurance Partners will provide *Replacement Cost coverage* and protect the laptop worldwide against accidental drops/spill, theft, fire, flood, natural disasters and power surge due to lightning strikes. **This policy DOES NOT cover mechanical/electrical breakdown, wear/tear or just losing the item.**

PLEASE TYPE OR PRINT *Required fields

Name of Insured:* _____ Grade: _____

Name of parent/guardian:* _____

Mailing Address:* _____

City:* _____

State*/Zip:* _____

Home Phone:* _____ Cell: _____

E-mail:* _____

To receive this special rate,
please use promo code
bcsc.

Policy documents are emailed



Student Insurance Partners
is affiliated with
Worth Ave. Group.

Laptop Insurance Policy			
12 Month Policy			
Coverage Amt	\$25 Deductible	\$50 Deductible	\$100 Deductible
	Annual Premium	Annual Premium	Annual Premium
\$1,800	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	<input type="checkbox"/> \$65
Laptop Serial #*: _____			
Premium Amount:	\$ _____		
Additional Items:*			
<input type="checkbox"/> Cell Phones: _____ <small>(excluding iPhones)</small>	+ \$10.00		
<input type="checkbox"/> iPod Touch: _____	+ \$10.00		
<input type="checkbox"/> iPod's/Calculators: _____	+ \$5.00		
<input type="checkbox"/> Game Systems: _____	+ \$5.00		
<input type="checkbox"/> Digital Cameras: _____	+ \$5.00		
Total Amount Due:	\$ _____		
<small>Please note: Serial Numbers are required for all additional items</small>			

METHOD OF PAYMENT

My check is enclosed (Make check payable to Worth Ave. Group)

Please charge my credit card: Visa Amex Discover MasterCard

Account Number: _____

Exp. Date (mm/yy): _____ CVC #: _____

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

Effective Date

HOW TO OBTAIN COVERAGE

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

Phone: (800) 620-3307 M-F 8-5 CST

Online: www.worthavegroup.com & Click "Apply Now" | Select Laptop Policy | Select "Yes" when asked if this is a K-12 Policy | Select \$1,800 coverage and the deductible you want | Enter promo code on right and click "Apply It" | Proceed with purchase